

UNIVERSITY OF SOUTHAMPTON

THE CONTEMPORARY GRANDMOTHER – MOTHER RELATIONSHIP: THE
ROLE OF ‘TAILOREDNESS’ IN EXPLORING GRANDMOTHERING

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ABSTRACT

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THE CONTEMPORARY GRANDMOTHER –MOTHER RELATIONSHIP: THE ROLE
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Previous research within the field of grandmother – mother relationships has highlighted a number of discrepancies regarding the benefits / costs of grandmother involvement in childcare.

Questionnaire instruments were designed and piloted, with 40 mothers, 51 maternal grandmothers and 39 grandmother – mother dyads. These were then used in the measurement of the ‘optimal’ level and type of grandmothering for different grandmother – mother dyads. This was termed the ‘tailoring’ of grandmother involvement.

The reliability and validity of the measures were confirmed. The new questionnaires were then employed within the main study in the exploration of the role of ‘tailoredness’ in explaining some of the discrepant findings in the grandmothering literature. The main study also aimed to explore the impact of grandmother ‘under’ and ‘over’ involvement, in relation to both maternal and grandmaternal wellbeing and document the continuities and differences seen between generations.

The main study comprised 183 primiparous mothers and 163 grandmothers of which 160 were mother – daughter dyads. These participants were recruited through the health visitors from three health authorities in an attempt to achieve a representative sample.

Significant intergenerational continuities and differences were identified within dyads in regards to parenting attitudes, mental health and perceptions of intergenerational conflict. These were discussed in relation to developmental role investments, societal shifts in opinion and the dyad’s current and historic relationship style.

In the main study predicted and consistent effects, although small, were seen in relation to the ‘tailoredness’ of grandmothering and intergenerational wellbeing. These were discussed in terms of the sampling constraints encountered by the study, and the impact of grandmother ‘under’ and ‘over’ involvement.

A longitudinal study was carried out in addition to the main study. However, findings were inconclusive. When the results were considered within the context of the sampling limitations, they were not viewed as either supporting or negating the importance of ‘tailoredness’ as a construct for the exploration of intergenerational relationships.

In conclusion, it was felt that theoretical evidence had been found in support of the importance of ‘tailoring’ and that the research findings warrant further investigation into this concept.

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CHAPTER ONE

The Significance of Maternal Grandmother - Mother Relationships.

1.1. Grandmother – Mother Relationships

Developmental psychology has shown a recent upsurge in research investigating the importance of extended family support in childcare. One of the reasons for increased interest in grandparent – parent relationships in recent years, is the growing numbers of young, single, and working, mothers. As the traditional Western ‘nuclear family’, in which one parent acts as the primary carer whilst the other provides financial support, becomes increasingly less common the role of grandparents as active supporters broadens, (White & Woollett, 1992; Lavers & Sonuga-Barke, 1997). Thus the increased salience of the grandparental role within the modern family lifestyle has led to an increase in research focussing on the extended family.

An increased awareness of cultural diversity in family life and childcare practices, has also been instrumental in leading researchers to recognise the viability of non-nuclear families: Demonstrating the feasibility of primary caregivers other than the mother for the successful rearing of children. Cross-cultural research has highlighted the important role intergenerational differences in parenting practices and ideals play in shaping the nature of grandmother – mother relationships¹.

The end result of this extended family research is a fragmented body of knowledge, some of which suggests the wider family exerts a positive childcare influence, whereas other studies have found neutral or negative effects of extended family involvement. This thesis aims to draw together some of this divergence regarding the influence of grandmother involvement on mother’s and infant’s psychosocial adjustment. The nature of intergenerational similarities and differences in childcare attitudes will be explored; alongside the influence such differences play in shaping the current grandmother – mother relationship. Evidence for the existence of three-generational links in mental health and psychosocial functioning will be examined: With the following four mechanisms through which the grandmother – mother relationship may effect the transmission of adjustment / mental health being explored in detail.

- (i) The role of the grandmother, in shaping the mother’s social support network

¹ Although grandfathers can be highly influential in the wellbeing of their daughters and their grandchildren, for reasons, which will be discussed in more detail later in this chapter, this study will be focussed primarily on the role of maternal grandmothers.

and the level of stress experienced by the mother.

- (ii) Parenting practices, including, how parenting practices might be transmitted from the grandmother to the mother, and how the mother's parenting style may impact on the wellbeing of her infant.
- (iii) The causes, and consequences of, mother – grandmother disagreement and conflict over childcare issues.
- (iv) The role of the grandmother in shaping the mother's parenting self-esteem, and the impact of parenting self-esteem on parenting and child outcomes.

Child temperament may have some bearing on the amount of support a mother requires; thus grandmother involvement may play a mediating role in the effects of difficult child behaviour. This is not, however, viewed as a primary route through which grandmothers' involvement may be influential, and as such the role of child temperament will not be explored in depth, although child temperament assessments will be made. Attachment style, although not a main issue, will also be explored theoretically.

The multidimensional manner in which these mechanisms influence the impact of grandmother involvement will then be outlined, discussing some of the possible reasons behind the seemingly contradictory effects grandmother involvement has been found to have on mothers' and infants' adjustment. Particular attention will be given to the importance of 'tailored'² grandmother involvement to the mother's circumstances and the mother's satisfaction with the level of grandmother assistance provided.

One of the limitations of this study is that the focus is primarily from the mother's perspective. For example when exploring the ideal level of grandmaternal involvement the factors taken into consideration are those shaped by the mother's rather than the grandmother's needs. The fact that in many instances this may not fit in with the grandmothers' own lifestyles is no doubt an important factor, and this possibility will be touched upon in discussing the nature of grandmother – mother relationships. It was not, however, the aim of this study to explore such variables in detail.

1.1.1. Intergenerational Links

The significance of intergenerational links are characterised by the saying, 'you can choose your friends, but you can't choose your family', for better or for worse an individual's parents, grandparents, siblings and eventually their own children, play an influential role in their lives. There are two primary ways in which relatives can exert their

² For a definition of 'tailoredness' see page eighteen.

influence over an individual's developmental life course, immediately through their direct actions and indirectly. This indirect route may take a number of concurrent forms, for example via the historic influence this relationship has on the individual's psyche, or through an intermediary family member.

The relationship between a mother and her infant is invariably accepted as a major determinant of an infant's later psychological functioning. Parents are usually the primary providers of the environment in which an infant develops, (which along with an infant's genetic inheritance³), plays a major role in shaping their personality. As children mature their social environment widens to encompass peers, school, and eventually on entering adulthood, to encompass romantic partners and offspring of their own. Yet the parent - child bond remains highly influential. The quality of the parent - child bond has been the subject of much research, and results, (which will be explored in detail later in this chapter and in chapter five), indicate strong intergenerational continuities in mental health and parenting practices.

When discussing the possibility of a three-generational link in mental health and psychosocial functioning it makes sense to focus on maternal grandmothers, mothers and their children, to the exclusion of paternal grandmothers. Paternal grandmothers do not have the same *historic relationship* link with the mother as the maternal grandmother, and as such the ways in which their involvement can impact on the mother's mental health are limited to current events, for example through the provision of childcare advice and support. Despite the potentially significant role paternal grandmothers play in advising and supporting many mothers, the absence of an historic context through which the mother views parenting advice and support, may mean that even current paternal grandmother involvement carries differing significance to that of maternal grandmother support. For this reason mother – paternal grandmother relationships are beyond the scope of this study.

Intergenerational links when viewed from a life-course perspective are an integral aspect of human development. An individual's identity is often couched in terms of their family relationships, as a son, a mother, a husband, a grandmother, with at times more than one role being applicable. These roles serve as an indication of an individual's place in society, shaping the way in which people are viewed by others and in many regards how individuals view themselves. Individuals should not therefore, be viewed as a solitary unit, they are inextricably enmeshed within a network of family members who to some extent

³ Genetic inheritance is recognised as a major contributory factor in determining an individuals' characteristics and psychological functioning, its study, however, is beyond the scope of these studies.

dictate a person's identity.

The passage to motherhood is of particular interest as it probably involves the most significant life change a woman will ever make, and as such this transition has been the subject of much research. Cross-cultural studies have identified a link between the significance a society places on the role of motherhood, the way in which women are treated when they have their infants, and the incidence of maternal mental ill-health. Within those cultures which traditionally value the mothers' role and recognise the vulnerability of new mothers, the incidence of post-partum depression is greatly reduced in comparison to the West where few allowances are made (Stern & Krukman, 1983). This indicates that the significance a society allocates to an individual's role, and the traditional ways in which a culture honours the transition into motherhood, may play an important part in re-shaping a woman's self image when she becomes a mother.

Research has also identified a significant link between the mother's satisfaction in her parenting role and her enactment of positive parenting practices as well as the formation of secure mother - infant attachments (Isabella, 1994). Thus factors such as high levels of grandmother support, aiding the mother in her transition to parenthood, may play a significant role in the wellbeing of the mother and infant. This suggests one way in which the quality of the current grandmother - mother relationship may be influential in the adjustment of mothers and infants.

The life-course approach to developmental psychology, identifies the timing of role transitions as a potential cause of conflict and mental health problems for new mothers and grandmothers. This approach has been operationalised in two main ways; from a sociological perspective (eg Hagestad & Burton, 1986), and from a humanistic viewpoint, (Erikson, 1950).

The sociological approach is primarily concerned with the impact of culturally prescribed timings which determine when individuals are expected to take on new roles, and the effects of off-time role transitions⁴ on an individual's wellbeing. This approach is of particular interest in the case of grandmotherhood, as this is a hinged role transition, with an individual's entrance into grandparenthood being facilitated by their offspring's entrance into parenthood. The timing of such counter transitions are a source of potential friction between generations. For example if the role transition is deemed as being "too early" or "too late" it may lead the grandmother to put pressure on her daughter, either to begin a

⁴ Off-time role transitions describe role changes, for example entering motherhood, at a time which your culture views as being either unusually early or late.

family or because she considers her daughter too young for motherhood.

Hagestad and Burton (1986) propose a number of ways in which “off-time” role transitions may be problematic for grandmothers. (i) Early transitions do not allow individuals time to re-orientate their expectations and other role investments in preparation for the transition to grandparenthood. (ii) Mothers entering grandparenthood at a non-prescribed time may also encounter problems due to societal assumptions about their maturity and physical role investments. (iii) “Off-time” grandparents may experience a lack of empathy and support from friends not entering grandparenthood themselves, possibly resulting in feelings of isolation and deviance. Any of the above situations may result in tensions between the mother and grandmother, thus presenting an additional source of stress to the dyad and inhibiting the grandmother from fulfilling a supportive role.

The negative impact of off-time role transitions can also be seen to extend to maternal functioning via the way in which the mother and grandmother view their respective roles, for example the level of satisfaction a mother derives from her parenting role may be associated with her mental wellbeing.

The humanistic view adopted by Erikson (1950) regards off-time role transitions as problematic, not because they clash with culturally prescribed timetables but because they are incompatible with an individual’s developmental stages and their associated level of maturity (Burton, Dilworth-Anderson, & Merriweather-deVries, 1995; McLaughlin & Micklin, 1983). Role transitions which occur at a time that is incompatible with the need to complete a developmental task, are thought to disrupt development and lead to maladjustment (Erikson, Erikson, & Kivnick, 1986). This is exemplified by the premature transition to motherhood of teenage girls, where an early off-time transition to parenthood whilst still a teenager may hinder the acquisition of identity. Some research has even suggested that adolescent motherhood may delay, or even preclude, the development of a stable maternal identity and family unit (Elder & Rockwell, 1976). The problems associated with teenage mothering may therefore arise due to the apparently direct opposition between the normative characteristics of adolescence, such as identity fluctuation, dependence on parents and age-appropriate role experimentation, with the desirable qualities of parenting which centre around stability, assertiveness and established relationships (Schellenbach, Whitman & Borowski, 1992).

1.1.2. Historical Changes in Grandparent - Parent Relationships, and their Contemporary Relationship.

Until recently nuclear families were the norm in western society, and as such the mother was considered the key socialisation agent for her child. There are now, however, an increasing number of lone parents and reconstituted families, as well as greater employment opportunities for women in the work place. This shift in the reality of western family life, alongside the recognition of cultural diversity in the structure of families, has led to a realisation of the viability of non-nuclear families for the rearing of children (Al Awad & Sonuga-Barke, 1992; Shah & Sonuga-Barke, 1995). This has caused developmental psychologists to re-evaluate the nature of the family and the roles of its members, (Lavers and Sonuga Barke, 1997; White and Woollett, 1992). Other trends, which have had an impact upon the changing nature of the grandmother – mother relationship, include the increased longevity of humans, (Bengston, Rosenthal, & Burton, 1990; Burton et al, 1995; Gee, 1987), and efficient global communication and transport networks. Both of which enable grandmothers to be a more active influence in their daughters' lives, over a longer period of time than ever before, even if the mother and grandmother live a significant distance apart.

These demographic shifts have been especially influential in fostering developmental research focused on the nature and impact of extended family involvement in child development. Now more than ever before humans can expect to become grandparents or even great grandparents, which alongside financial and cultural pressures for mothers to work, has resulted in many grandparents providing childcare. The demographic shift towards lone mother families, for whom maternal grandmothers are a primary source of support (Chase-Lansdale, Brooks-Gunn & Zamsky, 1994), has also enhanced the salience of the grandparent's child caring and support role.

The importance of the contemporary grandparent role in supporting single mothers, cannot be underestimated in light of the association between the absence of a father and negative behavioural functioning in children (Herrenkohl, Herrenkohl, Rupert, Egolf & Lutz; 1995). Marital satisfaction has also been consistently associated with child behaviour problems (Shaw, Vondra, Hommerding, Keenan & Dunn, 1994). The children of single or divorcing mothers are, therefore, at an increased risk of developing conduct problems. Thus the buffering role grandparents can play in protecting children and mothers from the negative effects of stress in such situations, may prove invaluable to the psychosocial functioning of their grandchildren. This is especially true in the case of teenage mothers

whose numbers have escalated (Thomas et al, 1990), now making up nearly one quarter of first births in America (Mott Foundation, 1991). This can be explained by an increase in teenage sexual activity (Schellenbach, Whitman, & Borkowski, 1992), and cultural shifts in opinion making it more acceptable for single adolescent mothers to keep and rear their infants. These young mothers tend to remain in the family home, and are profoundly reliant upon maternal grandmother support and involvement in the care of their infants (Davis, Rhodes & Hamilton-Leaks, 1997; Taylor, Chatters & Jackson, 1993). Thus the important role played by grandmothers may explain the particular interest which has been paid to teen mother – grandmother relations when considering the role of intergenerational support in child rearing.

The role played by grandfathers in the rearing and wellbeing of their grandchildren has also been the subject of research studies. Findings suggest that grandfathers may have a particularly important role to play in the lives of grandchildren reared within ‘single mother’ headed family units, as in such cases grandfathers may act as a paternal substitute (Oyserman, Radin & Benn, 1993; Crnic, Greenberg, Ragozin, Robinson & Basham, 1983). Oyserman et al (1993) assessed the direct influence of grandfather involvement upon the babies of their teenage daughters, as these infants do not normally have contact with their fathers. It was found that grandfather nurturance was positively related to more child compliance with maternal requests, and that grandfather involvement in childcare was positively associated with less child-exhibited negative affect. As well as impacting upon child outcomes through direct grandfather – grandchild interactions, it seems likely that grandfathers also play an important role in shaping the parenting strategies employed by their daughters. Oyserman et al (1993) present evidence which suggests that teenage mothers who feel more supported, employ parenting techniques which are more responsive and affectionate. Thus it might be argued that grandfathers who are supportive of their adolescent daughters, indirectly encourage more sensitive mothering behaviour. Research carried out by Crnic et al (1983) proposes that social behaviour modelling (Bandura, 1977) may provide an alternative route through which grandfathers might impact upon the mothering received by their grandchildren, as mothers may model their parenting upon grandparent – infant interactions.

These recent shifts in family constitution have resulted in policy changes, making the grandmother - mother relationship of even more importance to developmental research. An example of such policy change is demonstrated by the stipulation that unmarried, minor adolescent girls must co-reside with a parent or adult guardian in order to qualify for cash

support in some American States, (Kalil, Spencer, Spieker, & Gilchrist, 1998). The socio and political significance of research focussing on the impact of grandmother – daughter co-residence on the wellbeing of mothers and their infants is clear. In light of these implications the need for further research is heightened, as previous studies have produced discrepant findings as to the benefit of grandmother – mother co-residence (Lavers and Sonuga-Barke, 1997).

1.1.3. Cultural Differences in Grandparent - Parent Relationships

The impact of cultural differences on a mother's functioning have been highlighted by anthropological studies, for example the impact of cultural differences on a woman's adjustment to the role of motherhood (Stern & Krukman, 1983). Such studies indicate that differences in the grandparent – parent relationship arise largely as a function of the ideologies, beliefs, traditions, and values, prescribed by the dyads cultural group. For example Burton, Dilworth-Anderson & Merriwether-deVries, (1995) suggest that the traditional cultural background of African-American families results in grandparents more frequently assuming parenting responsibilities than their white-American counterparts, whilst white families are more likely than black families to provide financial support for extended family members (Hofferth, 1984). Whereas cultures such as the Hispanic culture value kinship interdependence, resulting in the implementation of child rearing practices which place emphasis on compliance, co-operation and obligation (MacPhee, Fritz, & Miller-Heyl, 1996). The closeness of kinship networks in such cultures, places grandmothers in a highly influential position to transfer their child rearing beliefs onto their daughters.

Many studies which have made comparisons between the involvement of Black and of White grandmothers in the care of their grandchildren have been criticised for basing their conclusions on unequal samples (Pearson, Hunter, Cook, Ialongo & Kellam, 1997; Robertson, 1995). For example research focussing on White grandmothers has tended to explore the quality of relationships with grandchildren amongst samples of healthy volunteers (eg Roberto & Stroes, 1992; Thompson & Walker, 1987). Whilst research with Black grandmothers has instead concentrated on the high levels of three generational co-habitation and active grandmother involvement in childcare, often focussing on families in crisis and teenage mothers (Burton & DeVries, 1992; Chase-Lansdale, Brooks-Gunn & Zamsky, 1994; Colletta & Lee, 1983). Kivett (1993) proposes that when the economic and living circumstance of White and African American families are comparable, the degree of

racial differences in co-residence rates and levels of grandmother involvement are reduced. This may, however, be a function of the common values held by the southern rural families which made up Kivett's (1993) sample. This illustrates the importance of recognising the differences found between the values held by families regardless of their racial background, in the case of southern American rural families strong intergenerational ties and financial strains are themes which are common to both Black and White families. The importance of racial differences should not, however, be overlooked. For example a comparison of working class grandparents from the Washington D.C. metropolitan area showed that African American grandparents perceive themselves to be more actively involved with their grandchildren than are White American grandparents (Watson & Koblinsky, 1997). Thus, the above research demonstrates that both ethnic and socioeconomic factors may be influential in shaping grandparenting behaviours.

Cultural variations in family life have also been explored in the context of grandmother-mother relationships, with research suggesting that family structure may have an impact upon mothers', grandmothers' and childrens' mental health and adjustment⁵ (Chase-Lansdale, Brooks-Gunn & Zamsky, 1994; Shah & Sonuga-Barke, 1994; Taylor, Casten, Flickinger, 1993; Unger & Cooley, 1992). The contrasting results provided by these studies may in some cases be explained as a function of their cultural settings, suggesting that the rearing of children within a three generational setting may have either a positive or a negative impact, depending upon the family's culture. For example Shah and Sonuga-Barke's (1994) study indicated that within the Pakistani Muslim immigrant community of Britain, first generation mothers living in extended families were more anxious and depressed than mothers living outside the extended family.

Conflict between mothers and grandmothers over issues of cultural significance is one likely cause of stress amongst immigrant families, potentially being of detriment to the mothers' mental health (Hansen & Jacob, 1992). For example first generation mothers born and raised in the country of their residence, are likely to hold differing beliefs and values to those of the grandmother who spent her formative years in their country of origin (Frankel & Roer-Bornstein, 1982). The degree of similarity in mother – grandmother attitudes is likely to vary as a function of the assimilation of the host country's values by the mother and grandmother. When the mother is more acculturated than the grandmother, for example in situations where the grandmother has not learned the language of her host country, differences within the dyad have the capacity to be marked particularly if the daughter has

⁵ The results from these studies are outlined in more detail in sections 1.3.1. & 1.3.2.

entered into a cross cultural relationship. This potential for increased grandmother – daughter conflict and disagreement amongst immigrant families when the daughter becomes a mother herself, has been suggested as a possible cause of the high levels of maternal depression apparent within British Muslim families (Sonuga-Barke, Mistry & Qureshi, 1998). This contention is supported by research carried out with Puerto Rican adolescent mothers, which suggests that the effects of high levels of grandmother involvement in childcare is moderated by the daughter's level of acculturation. The daughter's adjustment did benefit from high levels of grandmother involvement and support when acculturation scores were low, but led to more parenting stress and symptomatology when scores were high (Contreras, Lopez, Rivera-Mosquera, Raymond-Smith & Rothstein, 1999).

This theory relating to acculturation levels is supported by Sonuga-Barke et al's (1998) finding that first generation immigrant grandmothers displayed markedly different parenting strategies to those employed by their daughters. The grandmothers were far more authority orientated and traditional than mothers, who held more liberal child rearing beliefs and were generally more child-centred. These measures were based on discrepancy scores between the mothers' and grandmothers' child rearing attitudes, they were not a measure of acknowledged discord. It was found that differences in child rearing beliefs between the mother and the grandmother, predicted mothers' depression and anxiety levels independently of other factors such as social class (Sonuga-Barke et al, 1998). This link between non-verbalised differences in opinion over child rearing issues and maternal mental ill-health, is of particular significance as open conflict between mothers and grandmothers seems unlikely within the setting of a Muslim family. Findings also indicated that mothers and grandmothers from highly acculturated families experienced lower levels of discord, thus supporting the argument that conflict levels are a function of the assimilation of the host countries child rearing values by the younger generation.

Thus it can be seen that cultural differences are integral in shaping the nature of grandmother-mother relationships, particularly in relation to the level of conflict experienced within the dyad. Factors associated with elevated levels of grandmother – mother discord were considered to be of particular significance to grandmother- mother functioning, due to the multidimensional routes through which they may effect the mother and infant (The potential impact of conflict on familial adjustment will be explored in detail in chapter four).

1.2. The Influence of Current Grandmother Support and Involvement in the Wellbeing and Functioning of Mothers and their Infants

As has been outlined, grandmothers are now recognised by developmental psychologists as playing a primary role in the rearing of grandchildren and, more specifically, in providing support for their daughters. Social support is of particular interest to the intergenerational transmission of parenting and mental health because of its dual role. (i) High levels of support foster sound mental health therefore engendering better parenting. (ii) Support also encourages more positive parenting practices directly, thus reducing the risk of psychopathology in the children.

1.2.1. Social Support and Stress

In order to fully appreciate the importance of social support as a buffer against stressful situations, it is first necessary to outline some of the many negative effects stress has on mothers. Stresses, which may have a negative impact upon mothers, may be roughly broken down into three main sources: (i) Those which are environmental, or situation based, such as poor housing or general poverty; (ii) Stresses which are relationship based such as marital discord, or disagreement over childcare issues with the grandmother; (iii) Stresses caused by intra-personal problems, such as illness or dissatisfaction with the parenting role.

The link between environmentally stressful parenting situations, poor parental mental health and negative child outcomes has been well documented (Billings & Moos, 1983; Billings & Moos, 1985; Shaw et al, 1994; Simons et al, 1991). The presence of social stressors, poor family cohesiveness and disorganisation, were found to be higher in families where there is a depressed parent. A follow-up study revealed a significant link between remission of parents' depressive symptoms and an improvement in family support and family conflict levels (Billings and Moos, 1983; Billings and Moos, 1985). The increased incidence of child maltreatment and harsh discipline in the lower social classes (Simons et al, 1991), also points to a link between the presence of social stressors such as poverty and poor housing and less than optimal parenting practices. However, as Simons et al's (1991) research also indicates, the mechanism behind this association may be the transmission of parenting practices between grandmother – mother, regardless of the socio-economic situation in which the mother may eventually rear her children.

The complex relationship between situational stressors, social relationships and parental and infant adjustment, would suggest that any mechanism able to modify the effects of stress holds far reaching consequences for mothers' and infants' wellbeing. There is a vast

body of research identifying social support as a moderator of stress, with the buffering effects of social support in protecting mothers' and infants' wellbeing from potentially harmful stressors being well documented (Brown and Harris, 1978; Spieker and Bensley, 1994; Abidin, Jenkins, & McGaughey, 1992; Crockenberg, 1981; Jacobsen & Frye, 1991). Support networks manifest themselves in a number of ways: they can provide emotional support; empathy and understanding; financial assistance; physical and practical support; or advice, for example on issues of childcare. As such, social support can reduce relationship difficulties, mental health and physical problems, enabling mothers to cope with daily hassles and concerns.

A clear relationship between socioeconomic status and the employment of restrictive parenting practices has been identified (Kohn, 1963, 1976; Vermulst, de Brock & van Zutphen, 1991), with less positive parenting practices concerning nurturance and discipline also being identified (Fox, Platz & Bentley, 1995). Socioeconomic status may therefore be regarded as a risk factor for parenting. Research by Rogers (1990) has also shown that stress associated with the parenting role negatively affects parenting behaviours both directly and indirectly. Roger's findings also highlight the importance of social support in buffering the effects of parenting stress on parenting behaviours.

The importance of supportive networks in shaping parenting behaviours, have been highlighted by a number of other studies. Mothers who are emotionally supported and mothers who are satisfied with the support they receive, have been found to engage in more positive parenting practices than mothers who receive lower levels of support (Macphee et al, 1996). Mothers who enjoy larger support networks tend to be more responsive in interactions with their infants providing more stimulating home environments than mothers with smaller networks (Burchinal, Follment & Bryant, 1996). Specifically, it has been found that mothers who enjoy a highly supportive family environment parent in a manner that is less invasive and controlling, whilst being more encouraging of independence and experimentation in problem solving (Herrenkohl, et al, 1995). Whereas, mothers whose own emotional needs are not met by their supporters, are more likely to be irritable and critical of their infants (Webster-Stratton, 1990).

The presence of a "secondary parent" (whether this be a lover, the father or a grandparent), who is positively supportive of the mother, may be associated with positive parenting practices which are mediated by parental self-perceptions. Parents who feel negative about themselves and their relationships tend to parent in a more authoritarian fashion. For example during interactions with their children they are less responsive, colder

and less able to set suitable limits than parents holding more positive self-views (Bornstein, 1995; Ladd & Le Sieur, 1995; Parke, 1995). Thus, the above evidence may indicate an indirect route accounting for the more positive parenting employed by well-supported mothers.

Grandparents are an obvious source of support for families, and in view of the far-reaching effects of support, the role grandmothers play when their children become parents themselves has been extensively explored. Grandmothers have been identified as a primary source of social support for mothers, providing support which is of more benefit and wider in scope than partner support (Spieker & Bensley, 1994; Voight, Hans, & Bernstein 1996; Dalla & Gamble, 1999). As outlined later on, in section 1.3, a major role of grandmothers' is now to be found in supporting the increasingly high number of single African American teenage mothers, buffering them from the often harsh and stressful parenting conditions they face (Lavers & Sonuga-Barke, 1997; Taylor, Casten, & Flickinger, 1993; Taylor & Roberts, 1995). This exemplifies a situation in which grandmothering is an especially important source of social support, as pregnant adolescent mothers tend to remain single and continue to live in their parental home, thereby limiting the role of partner support (Burton, 1990; Furstenberg, Brooks-Gunn & Morgan, 1987; Lamb, 1990, Wilson, 1986).

Environmental stressors have long been recognised as a major risk factor for mental ill health (Brown & Harris, 1978). Social support can, therefore, be identified as an influential factor in shaping mothers' parenting behaviour and efficacy indirectly, through the role it plays in moderating the effects of stress on maternal functioning and mental wellbeing. Thus, through her supportive role the grandmother can positively or negatively influence the mother's parenting behaviour directly, as well as influencing the mother's parenting through the promotion of maternal mental wellbeing.

The link between depression and the level of social support a mother receives does, however, need to be regarded as a two-way relationship. It is valid to regard high levels of social support as a buffer against stresses, which may have otherwise led to the deterioration of maternal mental health. It is also important to recognise that depressive mothers may be partially responsible for the lack of support available to them, as they are less likely than are non-depressed mothers to elicit positive reactions from those around them (Pukering, 1989; Gotlib & Robinson, 1982). Thus the absence of a supportive social network is not necessarily a cause of mental ill health, it may instead be a function of the mothers' unsociable interaction style.

1.3. Discrepancies in research findings

In light of the far-reaching influences of socio-emotional support it might be expected that high levels of grandmaternal support and involvement in childcare, are an unconditionally positive influence on the adjustment of mothers and their infants. However, as expressed in section 1.1. there are a number of routes through which current and historic grandmother – mother relationships may render grandmother involvement ineffectual or even damaging. This section aims to review the current body of research exploring grandmother – mother relationships, highlighting discrepancies in findings.

1.3.1. The Positive Effects of Grandmother Involvement

Before discussing the benefits of grandmother involvement it is worth noting that in most families, under most circumstances, high levels of active grandmother support are probably not a prerequisite for their daughter's and grandchild's wellbeing. As outlined above and further on in chapter five, there are however, a number of interrelated routes through which mental health and psychosocial functioning can be transmitted across three generations within one family. Hence, despite grandmother involvement lacking dramatic impact upon the majority of families, it is nevertheless influential.

Grandparents' support has been found to significantly influence the life satisfaction of mothers. Wan et al (1996) found that mothers who experienced poor relationships with the grandparents, received lower levels of support from them; which in turn led to decreased life satisfaction and support seeking by the mother. Hence, the grandmother's key role within the mother's support network renders her effectual in reducing the incidence of maternal depression and anxiety (Davis et al, 1997).

The significance of maternal grandmothers to the wellbeing of African-American teenage mothers is illustrated by the findings of Stevens (1984), who asked low income mothers who they would turn to for childcare advice, maternal grandmothers were identified as the main source of support. African-American maternal grandmothers have also been identified as fostering sensitive parenting behaviour in their daughters by providing a positive role model and a source of parenting information (McLoyd, 1990). Thus the role of maternal grandmothers in shaping teenage daughters parenting behaviours has been firmly established.

A direct positive link has also been found between family and grandmother support for young mothers and their ability to parent sensitively (Colletta, 1981). With the extent of

family support being positively related to teenage mothers' nurturance, and negatively related to restrictiveness (Thomas, Rickel, Butler, and Montgomery, 1990). The positive impact of such extended family support on the subsequent adjustment of mother and child has been demonstrated; with the quality of childcare, the mother's reported self reliance, and the level of child behaviour problems, also being associated with levels of kinship support (Taylor et al, 1993).

In situations where the mother is at risk from a number of psychosocial stressors, grandmothers have an important role to play in protecting mothers' and infants' wellbeing. High levels of contact with grandmothers who provide positive stimulation has beneficial effects on the social, cognitive, and motor development of teenage mothers' infants (Cooley & Unger, 1991; Tinsley & Parke, 1987). The infants of teenage mothers' co-habiting with the grandmother, have also been found to be more securely attached when grandmothers take increased responsibility for childcare and are highly supportive (Benn & Saltz, 1989; Frodi et al, 1984). Mother and infant co-residence with the grandmother was also associated with increased infant persistence on tasks indicating, that for this sample of mothers, living with the grandmother was of benefit to their infants' future cognitive and psychosocial wellbeing (Frodi et al. 1984). Grandmother – teen mother co-habitation may effect better child outcomes due to the beneficial effect it has on mother – infant interaction style, being associated with lower less restrictive, punitive parenting practices (King & Fullard, 1982). Oyserman et al (1993) also found that where grandmothers took responsibility for childcare, teenage mothers perceived there to be lower levels of family conflict; suggesting one possible route through which high levels of grandmother childcare may lead to positive mother – infant outcomes.

However, Frodi et al's (1984) findings also indicated that high levels of grandmother support for her daughter and active involvement in the care of her grandchild, were associated with more secure mother – infant attachment bonds when they 'lived independently'. It may, therefore, be seen that co-habitation is not necessarily a prerequisite for grandmother involvement to result in improved mother – infant interaction patterns.

Research has shown that teenage mothers who receive high levels of support, (including guidance, social reinforcement, emotional support, practical assistance, and social stimulation from their parental families) experience reduced emotional distress and greater wellbeing than less supported mothers (Cooley & Unger, 1991). Cooley and Unger (1991) also found that direct childcare by the grandmother had the secondary effect of allowing

their daughter to complete her education, leading to a richer environment for her infant. This can be partly accounted for through the increased incidence of stable marital relationships with a father who interacts positively with their child; which are associated with completion of a full-time education. Having the opportunity to complete their education may also allow the mother to avoid some of the stressors associated with mental ill health, such as unemployment and poverty, thereby reducing their risk of experiencing a depressive episode. The above research demonstrates, once again, the multiple routes grandmother involvement may take in influencing the wellbeing of mothers and infants.

1.3.2. Neutral or Negative Effects of Grandmother Involvement

Despite this evidence for the benefits of grandmother involvement, several studies have found either no effects or have actually discovered negative effects of grandmother involvement on mothers and their infants. For example, although teenagers' own mothers provide the richest source of support to them, demonstrating a wider variety of positive support more often even than partners, this does not necessarily result in the employment of more positive parenting practices (Nitz, Ketterlinus, & Brandt, 1995; Voight, et al, 1996). Grandmothers are also a source of conflict; with findings somewhat counter intuitively showing that the greater the range of support provided by the grandmother, the more negative the daughter's experience of parenting (Voight, et al 1996). This suggests that although grandmother involvement may improve their daughters parenting technique, the daughter may not enjoy this process.

Neither do all studies confirm the positive effects of grandmother support on the mother's parenting practices and child outcomes (Gordon, 1999). Unlike most studies exploring the impact of grandmother support for young mothers, Oyserman et al (1993) did not find any positive effects associated with emotional support from the parents of teenage mothers. This finding was mirrored by Frodi et al's (1984) study, which found that infant competence and affect were not related to grandmother involvement. An important distinction which should be highlighted when discussing teenage mothers' parenting abilities and adjustment, is between adolescents who have made a life choice to become parents and those whose parenting is associated with problem adolescent behaviours (Wakschlag & Hans, 2000). The failure of studies to make this distinction may go some way in explaining the diversity of findings regarding the mothering behaviours of adolescents, however, an alternative factor which must be considered is the impact of grandmother – mother co-residence.

The effects of family structure and living arrangements have been brought into question by a number of studies. Burchinal et al (1996), found no significant effects of family structure on the quality of maternal care giving in their sample of young disadvantaged African American mothers. Black and Nitz's (1996) study also found co-residence was not associated with teenage mothers' warmth towards their infants. In fact, some studies have found that grandmother – mother co-residence causes infant care to deteriorate, thus indicating that some types and levels of grandmother involvement may be detrimental to infants (Chase-Lansdale, Brooks-Gunn & Zamsky, 1994). Spieker and Bensley (1994) found that grandmother support had no beneficial effects on infant attachment when the mother and grandmother lived together. Unger and Cooley (1992) found that for white adolescent mothers, increased grandmother contact (including childcare) was related to more child behaviour problems; whereas for black American adolescent mothers the length of time residing in the grandmother's home was associated with lower maternal responsiveness.

In an earlier study Cooley and Unger (1991) found that if the mother remained in their parental home for too long, the positive effects of grandmother support for her were reversed. Maternal responsiveness and stimulation were found to reduce thus jeopardising infant outcomes, despite the mother's increased ability to complete her education and its associated benefits. This is supported by the findings of Unger and Wandersman (1985) who found that high family support predicts low levels of parenting anxiety at one month, but not at eight months. The findings of Crockenberg (1987) also suggest that more frequent grandmother help at two years is unrelated to mothering, but is associated with higher levels of angry non-compliant infant behaviour at two years. This deterioration in the quality of mother – infant relations could, however, be a function of poor teenage parenting, which has resulted in the grandmother attempting to alleviate the situation by being highly supportive.

The potential for grandmother – mother co-residence to have negative consequences for mothers and infants, is of particular significance within the U.S. This is due to the 1996 federal welfare reform policy, which now requires that unmarried minor mothers must co-reside with their own parents (or guardian) in order to qualify for support (Gordon, 1999).

1.4. Identifying Specific Research Areas

Cross-cultural research studies were highly significant in the designing of research questions. The findings from such studies had two main influences: (i) they highlighted the

importance of cultural / social backgrounds in determining the impact of extended family involvement; (ii) attention was drawn to the importance of intergenerational differences in shaping the impact of extended family involvement, with results indicating a link with maternal mental health problems.

The discrepancies apparent in research exploring the impact of extended family support were also a driving force behind the design of this study. As has been emphasised by cross-cultural research, the social context within which grandmother – mother relationships are set plays a significant role in determining mother and infant outcomes. The failure to consider such factors may go some way in explaining the variable effects linked with grandmother involvement. In association with this it was felt that the rich variety of ways in which grandmother involvement can be influential had at times been overlooked, again resulting in the sometimes contradictory research findings outlined in section 1.3. For example, absolute measures of grandmother involvement are not sensitive to the needs and ideals of the mother, thereby rendering such measures ‘insensitive’ to the impact grandmaternal support upon mother – infant interactions. Hence it was felt that a set of measures which took into account the sensitivity of a grandmother’s responses to the actual needs and wishes of her daughter might facilitate a more accurate account of grandparental influences, this concept of grandmaternal sensitive responsiveness was termed ‘tailoredness’.

The heterogeneity of findings from studies exploring the role and impact of grandmothering, were central both in shaping the conceptualisation of ‘tailoredness’ and in the research questions addressed. It was felt that past research findings were indicative of a fine line between levels of grandparent involvement which are of benefit to mothers and their infants, and levels of involvement which are unhelpful or even detrimental. For example much research has demonstrated that extended family support is of benefit to new mothers in their adjustment to the demands of parenting (Colletta, 1981, Frodi et al, 1984, Taylor et al, 1993, Thomas et al, 1990). However, findings have also shown that adolescent mothers who remain within the grandparents’ home for long periods of time, are at risk of negative mother – infant outcomes (Cooley & Unger, 1991). Thereby suggesting that grandparent over-involvement may be of detriment to mothers and their infants. Similarly it can be argued that the existence of positive mother – infant outcomes associated with extended family support, demonstrates the potentially detrimental impact of undesirably low levels of grandparent involvement. Thus it can be argued, based upon the evidence of previous research, that grandmothering which is not ‘tailored’ to the needs and ideals of the

mother (being in the form of either over or under involvement) may be of detriment to the wellbeing of vulnerable mother – infant dyads.

It is of importance to note at this juncture, that the concept of ‘tailoredness’ does not attempt to prescribe the desirable levels of grandparenting appropriate for any particular family. Instead the relationship between maternal perceptions of their own ideals and needs, in terms of extended family support, are compared with the actual level of grandparent involvement. The importance of this ‘individual’ approach to determining the ideal level of intergenerational involvement, is exemplified by the findings of cross-cultural studies. Research carried out with immigrant populations demonstrates most clearly the different outcomes of grandmother involvement as a function of acculturation (Sonuga-Barke et al, 1998): thus it can be seen that individual family circumstances and history inextricably shape the impact of grandparenting and the appropriate level and type of intergenerational support.

As has been discussed, the area of intergenerational relationships and the role of grandparenting within modern western society is of contemporary interest (section 1.1.1). Many studies have been conducted in America with a significant proportion focussing on teenage mothers, primarily from the African American population. The aim of this thesis was to explore the dynamics of grandmother – mother relationships in a representative sample of English families. This was deemed to be of importance, not least because the impact of grandmother involvement would appear to be culture specific in nature. The validity of generalising patterns of intergenerational involvement seen in immigrant or African American populations to English grandmother – mother dyads is, therefore, brought into question.

Thus, two main research aims have emerged from the literature.

- To explore the role of ‘tailoredness’ of grandmother involvement in explaining the discrepancies apparent within the grandparenting literature.
- To investigate the impact of grandmother involvement in childcare within a representative sample of English mothers.

These two topics will be addressed in chapters four and five respectively.

1.5. Deciding which Constructs to Measure

In order to address the discrepancies highlighted by previous studies and investigate the importance of English grandmother – mother relationships in shaping mothering, it was necessary to identify and explore some of the mechanisms associated with the outcomes of grandmother involvement. It was, however, also important to find a balance between measuring enough constructs to build a picture of the mechanisms through which grandmother involvement is influential; whilst restricting the studies scope sufficiently to make the collection and interpretation of data feasible. For this reason a limited range of constructs, which would still give a useful insight into the grandmother – mother relationship, were selected. These were then divided into two main research areas, which would be addressed employing a cross-sectional design. (i) The tailoring of grandmother involvement to the mother's needs and ideals, and its relation to intergenerational disagreement and conflict over parenting issues (chapter four). (ii) Intergenerational transmission of mental health, as mediated by the current grandmother – mother relationship (chapter five). This final research question required the inclusion of a longitudinal element to the design, in order to determine the direction of relationships between mental health and grandmothereing.

The rationale behind the selection of constructs will now be reviewed, although more in depth discussions may be found in chapters four and five respectively.

1.5.1. Grandmother – Mother Discord and the Tailoring of Grandmother Involvement

Cross-cultural research (section 1.1.3) points to an association between differences in grandmother's and mother's child rearing attitudes, and the benefits of grandmother assistance with childcare. The evaluation of previous cross cultural research findings indicate a possible link between unwanted grandmother involvement and intergenerational discord. It was felt that this association might play an important role in explaining the discrepant research findings outlined in section 1.3. Thus the focus of chapter four was centred on the relationship between the appropriateness of grandmother involvement and the level of discord experienced within the dyad.

1.5.1.1. Childcare Practices & Grandmother – Mother Differences.

A revised version of the Block Child Rearing Practices Report was selected to assess this construct (Rickel & Biasatti's, 1982 modification of the Block CRPR, 1965). This

measure was felt to be appropriate as it consisted of the two factors nurturance and restrictiveness which have been identified as important in shaping child outcomes (Ainsworth, 1985; Bowby, 1982, 1988; Bornstein, 1995; Cassidy, 1988; van IJzendoorn et al 1995)⁶. In order to assess the impact of grandmother – mother differences in child rearing attitudes, a discrepancy measure was required. It was felt that alongside absolute differences in mothers' and grandmothers' opinions, a measure of perceived differences would also be highly valuable. The rationale behind this decision was straightforward: the light in which mothers view and receive grandmother assistance, will most probably be shaded by their perception of the grandmothers' beliefs or intentions. For example, if a mother feels that the grandmother holds overly restrictive parenting attitudes, she is less likely to be welcoming of grandmother advice regarding child discipline. For this reason, both mothers and grandmothers were asked to complete the CRPR from their own perspective, and 'putting themselves in the other's shoes' from their mother's / daughter's perspective. This enabled the following discrepancy scores to be calculated: the actual difference between mothers' and grandmothers' parenting attitudes, thereby giving a measure of similarity in the dyads nurturance and restrictiveness levels; the mothers' / grandmothers' perception of the similarity in the dyads views on nurturance and restrictiveness. An assessment of the accuracy of mother's / grandmother's perceptions as compared with self-reports was also made possible.

Measures of the accuracy of mothers' and grandmothers' views of the others' child-rearing attitudes, were viewed as having a potential bearing on the level of conflict between the dyad over childcare issues. Research has indicated that mothers and grandmothers may avoid broaching issues which they feel are likely to result in disagreement (Hagestad, 1985). If, however, they do not hold accurate perceptions of the others' attitudes, this may limit the extent to which contentious issues may be successfully avoided.

1.5.1.2. Grandmother – Mother Discord

As well as the measures of discrepancy between mother's and grandmother's child rearing attitudes, it was also decided to take a direct measure of grandmother – mother disagreement and argument over childcare issues. Thus facilitating the assessment of the incidence of open discord. The measure needed to include both disagreement and argument within the dyad, as the difference between holding differing views on any given issue and

⁶ A more detailed rationale behind the selection of the CRPR is outlined in the following chapter (section 2.1.6.).

carrying this disagreement through to open conflict was believed to be an important distinction as it is possible to ‘agree to disagree’.

1.5.1.3. The Level of Grandmother Support and Childcare Advice

The routes through which grandmothers may impact on the child rearing their grandchildren receive, may be roughly broken down into those which are advice based and those which are support based. Support may be further sectioned into support for the mother that indirectly affects the way in which the infant is parented, and support that involves taking a direct and active part in childcare activities. A measure of grandmother support and advice giving was, therefore, required. It was decided that the measure of grandmother involvement, and the measures of disagreement and argument, would be most appropriate and also comparable if they were specific to the same childcare issues. Alongside taking a measure of grandmother support which was specific to childcare issues, mothers were also asked to rate the role grandmothers played in their general social support network.

As well as measuring the absolute levels of advice and support provided by the grandmother, measures of the mother’s ideal and expected levels of grandmother involvement were also required. This allowed assessments to be made as to the appropriateness of grandmother assistance, as it was felt that grandmother involvement which was ‘tailored’ to the mother’s situation would be the best predictor of a helpful and desirable relationship. This view stands in contrast to that which sees highly involved grandmothers as being beneficial regardless of situational variables. (See chapter four for a detailed discussion of these issues).

As the tailoring of grandmother involvement to the mother’s expectations and ideals was theorised to impact on a mother’s satisfaction with grandmothers, the following derived constructs were devised, (based on the actual, expected and ideal levels of grandmother advice and support).

- (i) The mothers’ realisation of ideal levels of grandmother involvement.
- (ii) The mothers’ realisation of expected levels of grandmother involvement.

Thus, although it was not practicable to assess the historic events which may have led the mother to formulate attitudes regarding her mother (see section 1.7.3.), it was possible to make the following assessments: (i) whether or not the mother was satisfied with

grandmother assistance; (ii) whether or not the mother's expectations were realised, thus indicating possible sources of disappointment, disagreement and conflicts. This was of added interest as such experiences are possible risk factors for mothers' mental health, parenting self-esteem, and attitudes towards her infant.

The grandmother was also asked to rate how much advice and support her daughter received, expected and wanted from her, which could then be compared with the actual level of grandmother involvement. Thus allowing an assessment to be made of whether the level of grandmother involvement was based on what she felt were her daughter's expectations and ideals: or whether the grandmother's involvement was based on her own agenda, rather than being tailored to suit her daughter's needs.

Mothers and grandmothers were also asked to directly rate the quality of their relationship with the other, thereby giving a rough indication of the association between, grandmother involvement levels, and disagreement and conflict over childcare issues, and their satisfaction with the current grandmother – mother relationship.

1.5.2. The Impact of Grandmother Involvement

The main focus of chapter five was to assess the impact of intergenerational relationships on the mental wellbeing and functioning of English mothers and infants. For this reason a measure of mother's mental health, was included in the study. Measures of distress or negative affect, typically focus on anxiety and depression levels (Zigmond & Snaith, 1983). In keeping with this study's aims the types of mental ill health focussed on were state rather than trait, anxiety and depression; as the primary concern was the impact of external risk and protective factors on the mothers' wellbeing, as opposed to intra-personal risk factors.

It was also decided to assess the grandmothers' mental health, as research (outlined in chapter three and chapter five) indicates that the grandmothers' mental wellbeing might have a number of important current roles to play. These may include the grandmother's ability to effectively support her daughter and sensitively tailor her involvement to the needs of the mother, as well as her ability to interact positively with her grandchild.

The grandmothers' mental health is also of significance due to its historic influence on the mother's adjustment, however it was not, for reasons which will be discussed shortly, possible to assess such historic mechanisms within the boundaries of this study.

For detailed discussions of past research and theories relating to the continuities in mental wellbeing see chapter three sections 3.2.2. and 3.2.3, and chapter five.

1.5.2.1. Parenting Practice and Parenting Self-esteem

Mothers' and grandmothers' child rearing attitudes were felt to be of special interest as alongside mothers' parenting self-esteem, parenting practices may be viewed as a major route through which intergenerational patterns of adjustment are transmitted (see chapter five). The constructs of parenting felt to be of the greatest importance, were the levels of nurturance and restrictiveness subscribed to by the mothers and grandmothers (Hetherington & Parke, 1993). This was not least because these two constructs are seen to be the most influential parenting strategies in determining the type of attachment bond formed between mothers and infants (Bowlby, 1982; Bowlby, 1988; Van Ijzendoorn, et al, 1995), with highly nurturant parenting styles being associated with more secure attachment bonds. Attachment is also of significance, due to its role in the continuation of mental wellbeing and psychosocial functioning across generations (Cassidy, 1988; Hazen & Shaver, 1994).

Measures of parenting efficacy and satisfaction were also included, as studies have revealed that parenting self-esteem plays an important role in the transmission of psychosocial functioning and adjustment between mothers and their infants (Bornstein, 1995; Bugental, 1987; Cutrona & Troutman, 1986; and Johnston & Mash, 1989). Grandmother support may also be important in shaping mothers' parenting efficacy and satisfaction (Abernathy, 1973, cited by Hagestad, 1985, and Voight et al 1996), making parenting self-esteem a potentially important route through which grandmother involvement may impact upon the wellbeing of her daughter and grandchild.

1.5.2.2. The Exclusion of Infant Mental Health

It was decided to limit the measurement of mental health to the grandmother and mother, with no direct measure of infant functioning being taken (other than that of infant temperament). The effects of mothers' mental health, parenting practices and sense of parenting esteem, on children's wellbeing have, however, been established by a number of studies. In light of this association it was felt that the potential effects of grandmother – mother interaction, on the infant's future psychosocial functioning and adjustment could be discussed: thus permitting the findings to be seen in terms of three-generational patterns of adjustment.

1.5.2.3. The Exclusion of the Historic Grandmother – Mother Relationship and Attachment

A decision was made to focus on the current grandmother – mother relationship to the

exclusion of historical aspects of the relationship. This was based on two main factors, (i) the practicalities of using retrospective measures and (ii) the problems associated with their reliability. There are inherent problems associated with measuring an individual's past experiences using retrospective accounts; with reviews in cognitive literature suggesting that an individual's account of their childhood experiences may not be very reliable (Lindsay & Read, 1994). There is fairly extensive support for some retrospective type measures, such as Main et al's Adult Attachment Interview which does not rely upon the accuracy of individual retrospective accounts in order to assess childhood attachment styles (Bakermans-Kranenberg & Van Ijzendoorn, 1993; Main, Kaplan, & Cassidy, 1985; Main & Goldwyn, 1986; Van Ijzendoorn, 1992). The results of such measures, do nevertheless, need to be treated with caution as there are complex processes of reconstruction involved in recalling childhood memories, which are subject to influence by present cognitive structures and a variety of contextual factors, such as mood (Ricks, 1985).

The construct of attachment was viewed as having particular interest to the research questions being addressed, however the problems associated with measuring attachment history were considered too great within the confines of the current study⁷. The decision was therefore taken to exclude the construct of attachment from the study, based on both the problems associated with the validity of retrospective measures of attachment history and, not insignificantly, on the practicalities of using such measures of attachment.

1.5.2.4. Mothers' Satisfaction with Grandmother Involvement

For the reasons outlined in section 1.5.1., emphasis was placed on the importance of mothers' satisfaction with the level of grandmother involvement, using the derived constructs of 'tailoredness' to determine the impact of grandmother involvement levels on mother's mental health.

The exclusion of measures assessing the grandmother – mother relationship history, was not deemed to overly limit the exploration of the *nature of* grandmother – mother relationships in determining the impact of grandmother support and involvement on childcare. As although this did not enable the mechanisms which shaped the mother's ideal level of grandmother involvement to be explored, it nevertheless permitted the impact of *inappropriately high, or low, levels* of grandmother involvement, to be assessed. This is of interest as the tailoredness of grandmother involvement to the mother's circumstances,

⁷ The training required to utilise and analyse both the Adult Attachment Interview and the Strange Situation (the accepted measures of historic, and mother – infant, attachment styles, respectively), alongside the time it would take to administer them, were prohibitive of their use in this study.

alongside the mother's satisfaction with grandmother support and assistance, were deemed likely to be major determinants in the impact of grandmother involvement. Factors which were felt likely to be influential in shaping of the mothers' ideal level of grandmother involvement, were therefore, also of interest. These included the role of actual and perceived differences in child rearing attitudes, (measured using discrepancy scores on the CRPR previously outlined in section 1.5.1.1.) and disagreement and conflict over childcare issues.

The measures of intergenerational discord were of significance to the incidence of mental health problems, as the presence of high levels of conflict between the mother and grandmother may be indicative of a breakdown in the dyad's relationship. Thus high conflict levels may indicate that additional stress is being placed on the mother, possibly resulting in detrimental effects on her mental health and parenting abilities. This eventuality is supported by the research findings (outlined in this chapter and in chapter five (Hansen & Jacob, 1992; Kalil et al, 1998; Nitz et al, 1995; Shaw et al, 1994; Sonuga-Barke, et al, 1998), identifying familial conflict as a potential risk to mothers' mental health and child behaviour.

1.5.2.5. Child Temperament

A measure of child temperament was also taken for the following reasons: (i) children who have difficult temperaments may make parenting more challenging, possibly impacting negatively on the mothers' parenting self esteem (Bornstein, 1995): (ii) adverse parenting experience can lead to an infant developing negative interaction patterns (Field et al, 1988), which may be associated with later behavioural problems (Shaw et al, 1994) and as such child temperament may act as a crude indication of future child psychosocial adjustment.

Although child temperament was assessed to account for the effects difficult babies might have on their mothers, it was also felt that infant behaviour ratings might be useful in the longitudinal phase of the study as an outcome variable.

1.5.3. Demographic Variables

The other factors, which were taken into consideration included the mothers' social support network, marital status, religious beliefs, socioeconomic status and age. The main rationale behind collecting these demographic measures was not to explore their influence on the grandmother – mother relationship, as this has already been well established, but rather to partial out their effects from the findings of most significance. The presence of a

highly supportive network of family and friends was taken into consideration as studies (outlined in section 1.2.1.) have indicated that the significance of the grandmother – mother relationship changes depending upon the alternative sources of support available to the mother. The breadth and types of social support available to the mothers were assessed, (including that provided by the grandmother), as studies discussed in section 1.2. suggest that this has a bearing on the mother parenting satisfaction (Voight et al 1996).

Religious variations in the backgrounds of mother – grandmother dyads were also measured. Past studies (outlined in section 1.1.3.) demonstrate that the cultural background of grandmother-mother dyads may have a significant role to play in their functioning (Stern & Krukman, 1983; Burton et al, 1995; and MacPhee et al, 1996). Religious beliefs are a critical component of individuals' cultural background, and as such can have a major influence over an individual's values, beliefs and parenting practices (Shor, 1998). In light of the significant role religion plays in the cultural makeup of individuals, it was decided to focus exclusively on this aspect of cultural background given that the population being sampled by the current study was likely to vary most on this aspect of culture.

Relationships have been found between religious beliefs and parenting style (Alwin, 1986; Axin & Peirce, 1998; Hertel & Hughes, 1987) with findings suggesting a link between holding Christian beliefs and conservative parenting attitudes. Studies exploring fundamentalist religious views have identified strong associations with restrictive parenting beliefs, with parents valuing obedience in their children very highly (Danso, Hunsberger & Pratt, 1997; Ellison and Sherkat, 1993). It should be noted that not all research portrays religious individuals as being primarily restrictive; research has also indicated that alongside valuing restrictiveness some Christians express the importance of highly nurturant parenting practices (Wilcox, 1998).

Religious differences *between* the grandmother and mother were also of relevance, due their possible bearing on conflict levels (Hansen & Jacobsen, 1992; and Sonuga-Barke et al, 1998).

The two other “risk factors” for mothers' and children's adjustment which were taken into consideration, were the mother's age and her socioeconomic status. The age at which mothers' have their first infant has been identified as a risk factor for mothers' and infants' wellbeing, with a number of studies finding an association between teen mothers and parenting difficulties (Schellenbach et al, 1992). Low socioeconomic status, as discussed in section 1.2.1., is also a major risk factor to mothers' and infants psychosocial functioning and the mothers' parenting behaviour (Brown & Harris, 1978; Herrenkohl, 1995; Hops,

1991).

Measures of the geographic distance between the mother and grandmother, and the means of transport available to them, were also made. Research has indicated that increases in relational closeness between grandmother – grandchild dyads are associated with geographic closeness (Holladay, Lackovich, Lee, Coleman & Harding, 1998). This is likely to be a function of the degree of grandmother participation in childcare activities, thus highlighting the importance of geographic distance in shaping intergenerational relationships. The measures of distance and ease of travel were also of interest as physical difficulties in the provision of practical support by the grandmother, may affect the mothers' reaction to lower than ideal levels of assistance.

1.6. Research Questions

The main research questions will be addressed in chapters four and five. Chapter three focuses on some of the interesting theoretical predictions made in the literature which may also be addressed by the data collected, alongside an exploration of the intergenerational differences and continuities in constructs such as parenting attitudes and mental health. The specific research questions addressed will now be outlined.

1.6.1. Chapter Three – Intergenerational Trends and Differences

The intention of Chapter Three was to explore the characteristics of the grandmothers and mothers recruited within our sample, with some broad questions relating to differences between generations being explored. The exploration of generational trends is clearly valuable, as it provides a context within which findings portraying the impact of grandmother involvement can be placed, thereby increasing our understanding of the grandmother – mother relationship.

There is also a substantial body of literature documenting intergenerational continuities, for example in the parenting beliefs of grandmothers and mothers (Cohler & Grunebaum, 1981; Gallagher, 1979; Staples & Smith, 1954). Intergenerational continuities have also been found in mental health, although the majority of these deal with parent – offspring relations directly rather than grandparent – parent relations (Weissman, 1987; Allen, 1976; Wender et al, 1986; Bierut et al, 1999; Balon et al, 1989; Slater & Shields, 1969; Carey & Gottesman, 1981; Stein, Jang & Livesley, 1999; Whitbeck et al, 1992). This is reviewed in Chapter Three sections 3.2.1 & 3.2.2, where it will also be of interest to examine the associations between grandmother - mother reports.

1.6.1.1. Child Rearing Attitudes

The question as to whether grandmothers will hold more traditional child rearing attitudes than the mothers is an interesting one, as the findings from cross cultural studies suggesting that this is the case are not necessarily applicable to the current sample of English mothers and grandmothers (see section 1.5). Thus this analysis should go some way in determining whether a sample of UK based grandmothers are more or less liberal in their *grandparenting* attitudes than are mothers in their *parenting* attitudes.

- The type of child rearing attitudes held by the mothers and grandmothers will be outlined.
- Differences in grandmothers' and mothers' nurturance and restrictiveness levels will be explored; testing the prediction made in the literature, that grandmothers hold more 'traditional' child rearing attitudes than mothers.
- Mothers' and grandmothers' perceptions of intergenerational differences in child rearing attitudes will be assessed.
- Differences in mothers' and grandmothers' perceptions of discrepancies in the dyads' parenting attitudes will be explored.

Differences in the dyads' perceptions of child rearing attitudes were also of interest, as the mothers' historic experience of the grandmothers' parenting is likely to result in discrepancies between their perceptions and grandmothers' self reports. Theories relating to individuals' developmental role investments, including that of the '*developmental stake*'⁸ (Bengston & Kuypers, 1971; Tinsley & Parke, 1992) would also suggest that mothers will estimate discrepancies in childcare attitudes to be larger than the estimates of grandmothers.

The body of literature outlined in section 3.2.1 suggests that there are strong patterns of intergenerational continuity in parenting practices. The data collected by this study focus on parenting views and *grandparenting* views, thereby affording an interesting insight into intergenerational continuities between these two viewpoints. This comparison is of interest as the literature would predict a pattern of continuity in intergenerational parenting behaviours, and it would seem probable that an individual's grandparenting attitudes are

⁸ For a full definition of developmental stake see chapter three section 3.1.5.3.

reflective of their parenting attitudes, thus a correlation might be expected between mothers' and grandmothers' parenting beliefs. It is, however, important to note that research highlights the qualitatively different roles played by mothers and grandmothers, with grandmaternal behaviours being more akin to those of a companion than a disciplinarian (Tinsley & Parke, 1987). Thus the association between the dyads' parenting attitudes may provide a useful insight into the nature of parenting / grandparenting roles.

- Intergenerational continuities in grandmother - mother child rearing attitudes will be explored using a correlational design.

1.6.1.2. Grandmother Involvement in Childcare

The accuracy of grandmothers' estimations, of the level of involvement in childcare required by mothers was felt to be of interest for two main reasons: (i) due to the potential for generational differences in normative levels of intergenerational childcare involvement, to lead to discrepancies between mother – grandmother perceptions of ideals; (ii) grandmothers, whose estimations do not reflect those of the mother, are unable to successfully tailor their involvement to the mothers' needs, thereby decreasing the benefits thought to be associated with sensitive grandmother support (see section 1.5.1.1).

- Differences in the level of grandmother involvement in childcare reported by the mother and grandmother will be explored.
- How good grandmothers are at estimating mothers' views on grandmaternal involvement will also be assessed.

1.6.1.3. The Relationship between Grandmother Involvement in Childcare and Mother – Grandmother Child Rearing Views

As outlined in the previous section, the theories accounting for intergenerational continuities in parenting practices may be viewed in terms of current and historic influences (see chapter three, section 3.2). It would seem plausible that one of the current factors mediating continuities in childcare practices is the level of current grandmother

participation in the mothers' childcare activities. The following question was asked in order to explore this relationship.

- Do more involved grandmothers have more similar child rearing views to mothers?

1.6.1.4. The level of Discord between Mothers and Grandmothers.

The overall level of disagreement and argument experienced by mother – grandmother dyads was of interest due to the possible relationship with maternal and infant wellbeing (as previously outlined in chapter one section 1.5.2.4.). Differences between mothers' and grandmothers' perceptions of conflict levels were also of interest, as based on the theory of developmental stake, grandmothers' may be predicted to report lower levels of discord than mothers (Bengston & Kuypers, 1971; Fingerman, 1995). For an in depth discussion of this issue see chapter three, section 3.1.3.

- Differences in the levels of conflict reported by the mother and the grandmother will be explored.

1.6.1.5. The incidence of Anxiety and Depression seen in Mothers and Grandmothers.

The final construct to be explored in this chapter is that of mental health. The transition into motherhood is a potentially difficult one for many women, as new challenges need to be met and many major lifestyle readjustments are necessary. As such, even beyond the time when postnatal depression inflates the level of mental health problems seen in samples of new mothers (Puckering, 1989), the reported level of anxiety and depression by mothers will probably exceed that reported by grandmothers.

- Do mothers experience higher levels of anxiety and depression than Grandmothers?

The literature would also predict a correlation to exist between grandmothers' and

mothers' mental wellbeing; as research suggests that a link exists between genetics, environmental factors and mental health (Allen, 1976; Carey & Gottesman, 1981; Weisman, 1987). However, the measure of anxiety and depression utilised within this study assesses state, rather than trait, mental wellbeing. The literature does not, in this case, suggest that a strong heritable link exists; although personality traits which may make an individual vulnerable to particular environmental stresses may provide a source of continuity (Stein, Jang & Livesley, 1999). It was, therefore, of interest to ask the following question.

- Are grandmothers' and mothers' mental health correlated?

1.6.1.6. The Relationship between Situational / Social variables and Child Rearing Attitudes.

The literature would predict an association to be seen between socio-economic status and parenting strategies (previously outlined in section 1.2.1.), with mothers / grandmothers of a lower socio-economic background holding more restrictive and less nurturant child rearing beliefs.

- Do mothers and grandmothers from lower social classes have less authoritative parenting beliefs?

As has been outlined in sections 1.1.3. parenting and grandparenting styles may differ as a function of an individual's culture. Religion can be viewed as a critical component of culture (Shor, 1998) having a major influence on values, beliefs and parenting practices. Thus it was of interest to explore the effects of religious beliefs on child rearing attitudes.

- Are more religious mothers / grandmothers more restrictive?

1.6.2. Chapter Four. Grandmother – Mother Discord and the Tailoring of Grandmother Involvement.

The rationale behind the research questions addressed within chapter four, are outlined in section 1.5.1.

- Are discrepancies between attitudes to parenting associated with perceptions of conflict?
- Are mother's perceptions of fit between actual, expected and ideal levels of grandmaternal involvement, related to conflict and discrepancies in parenting attitudes?
- Are grandmother's perceptions of fit between actual, expected and ideal levels of grandmaternal involvement, related to conflict and discrepancies in parenting attitudes?

1.6.3. Chapter Five. The Impact of Grandmother Involvement.

The rationale behind the research questions addressed within chapter five are outlined in section 1.5.2.

- Models regarding over and under involvement in terms of tailoring were explored.

1.7 Collecting the Data

Chapter Two focuses on the methodological issues encountered in the design of the study, the most significant of which are those relating to the design of new measures. As the scope of the proposed studies explores novel research questions, such as those of tailoredness, it was necessary to design and test new measures for use in the data collection process. Therefore the next chapter will be taken up with a discussion on the selection of existing measures and on the design of the new measures; outlining their psychometric properties, and reviewing the rationale behind their selection.

CHAPTER TWO

Methodological Issues – Constructing and Piloting the Questionnaire

It was determined that the most appropriate method of data collection would be the employment of a single measure for the assessment of all the research areas concurrently. The primary reason behind this data collection decision was that the use of a cross sectional design employing a single sample of mothers and grandmothers, enabling the collection of all the data at one time, allowed valid comparisons to be drawn between all constructs. The considerable problems associated with recruiting suitable participant pairs of mothers and maternal grandmothers were also minimised by employing a single instrument.

2.1.Rationale for the Research Method.

It was decided that the best approach to data collection was through the distribution of a questionnaire measure. The reasons for this decision are best discussed within the context of the target participant group, therefore some issues pertaining to sample characteristics will also be discussed at this juncture.

2.1.1. Sampling Considerations: Recruitment and Distribution

A great many of the studies exploring the impact of grandmother – mother relationships on the wellbeing of mothers and infants have been carried out within the USA, a high proportion of which focused on African-American communities. Another characteristic of many of these studies has also been their focus on teenage mother – grandmother dyads who, for reasons outlined in chapter one, are probably not representative of the majority of mother – grandmother relationships. Of those studies carried out within the UK, a significant proportion have focused specifically on ethnic subgroups. One of the aims of this study was, therefore, to investigate the role of grandmother involvement in a representative cross-section of the UK population. In order to achieve this, a method for random sampling of mothers and grandmothers was required.

It was decided that the most practicable way of achieving this aim was through the Community Health Visitors, as one of their duties is to visit all mothers when infants are eight months old in order to carry out a hearing check-up. Thus with the assistance of the health visitors it would be possible to ask every mother within a certain area, who fulfilled the sampling requirements (being a first time mother, and having a living maternal grandmother) to participate in the study. It was not necessary within the requirements of the

study that infants be eight months old exactly. Therefore, when the considerable problems of recruiting sufficient numbers of grandmother – mother dyads which fulfilled all the selection criteria became apparent, health visitors were also asked to recruit mothers of infants in the 4 – 18 month age range with whom they came into contact.

It was felt that more mothers would be agreeable to participating in the study if the measure used was a questionnaire distributed by the health visitor than if mothers were asked to agree to an interview or test situation with the researcher.

Questionnaires were also the favoured method of data collection due to the practical considerations of collecting a large volume of information from a highly dispersed sample of participants. Although all the mothers were within three health authority regions (Southampton, Torbay and Plymouth), the location of the grandmothers was not controlled. It would not, therefore, have been feasible to ask the mothers and grandmothers to come to a central data collection location, neither would it be possible for one researcher to individually visit all mothers and grandmothers.

The questionnaires for the grandmothers were supplied via the mothers with a postage prepaid questionnaire pack, which they were asked to address and post to their mothers. The collection of questionnaires was facilitated through the provision of addressed freepost envelopes in which participants could return completed questionnaires to the researcher.

The final reason for employing a questionnaire design, was that it provided a practical means of assessing the same constructs at time one and time two. This was of importance as it enabled valid comparisons to be drawn between the cross sectional data collected at time one, and the sub-section of longitudinal data collected at time two (for copies of the Questionnaires see Appendices 1 & 2 for mothers' and grandmothers' versions).

In order to explore the features of mothers who declined to participate, health visitors were asked to complete a basic form assessing maternal characteristics including age, marital status, occupation (for the assessment of SES) and ethnic group (Appendix 3). The permission of mothers was sought before the completion of these forms.

2.1.2. The Rationale behind the Recruitment of First-Time-Mothers

There were three main reasons for recruiting first time mothers:

(i) New mothers were considered to be more vulnerable to anxiety regarding their mothering responsibilities than more experienced mothers. As such grandmothers may have a more active and influential role to play in supporting new mothers.

(ii) New mothers do not know what to expect from either the demands of their new

mothering roles, or from the grandmother in terms of her likely level of involvement. It was felt that first-time-mothers were more likely to hold unrealistic expectations of both the level of support and advice the grandmother would provide as well as the level of assistance they would require.

(iii) The behaviour of first and subsequent infants may not be synonymous. Studies have found that first-born infants are rated as more difficult than subsequent children. Whether this is because first-borns are more difficult, or because the mother is less at ease with their first baby causing them to perceive infants as more demanding (Bates, 1987), is not known. It has also been found that dramatic changes in family dynamics take place with the birth of subsequent children (Belsky, Rovine and Fish 1991), thus making the parenting experience of mothers and their infants qualitatively different for subsequent children.

2.1.3. The Rationale for Recruiting Mothers of infants aged between Four and Eighteen Months.

As indicated in section 2.1.1., the primary reason for the initial decision to recruit the mothers of eight month old infants, rather than ten month olds, for example, was the timing of the health visitors hearing check-up.

The decision not to recruit mothers of infants younger than four months was partially determined by the incidence of post-natal depression which commonly afflicts mothers in the months immediately after giving birth (Puckering, 1989). This is temporary condition and should not be confused with other depressive episodes (Puckering, 1989). As such it was necessary to assess the mothers' wellbeing after the period during which "maternity blues" are common place, in order to successfully determine the impact of grandmother – mother relationships on mothers' mental wellbeing.

A period of four months after the birth of their infant was also considered a long enough time period for mothers to have become familiar with their new role, and allowed enough time for the pattern of grandmother involvement to be established. By four months of age a number of behavioural developments in the infant were likely to have developed into a parenting issue. These might include strategies for feeding their infant and dealing with their crying. Thus by four months enough potentially contentious issues should be arising, in order for the grandmothers' and mothers' differences in child rearing opinions to start becoming apparent.

Infants up to 18 months of age were considered to be developmentally immature and therefore wholly reliant on their caregivers, thus this was chosen as the upper age limit for inclusion in the study.

2.2. The Instrument Design

The design of a questionnaire instrument, with which to address the research topics outlined at the end of chapter one, was approached with the following considerations in mind. The measures used needed to be appropriate to the mothers and grandmothers of young infants. The questionnaires presented to the mothers and grandmothers had to be directly comparable, whilst being appropriate in that they needed to refer to their infant and grandchild respectively. The language in which the questions were couched also needed to be suitable for British (as opposed to American) participants, with the avoidance of technical terminology so as to enable participants to complete the questionnaire unaided.

The measures of grandmother childcare support and advice, and the measure of mother – grandmother disagreement and argument over childcare issues, had to be specifically designed for use in this study. They will not therefore be discussed until section 2.3., in which the construction and piloting of the questionnaire measure are outlined.

2.2.1. The Reliability of Mothers' and Grandmothers' Reports

The other main consideration in the design of the questionnaire, was the reliability of the mothers' and grandmothers' reports, especially those dealing with the potentially contentious issues of disagreement and conflict. The effects of social desirability were considered likely to play a role in the mothers' and grandmothers' reporting of both conflict over childcare issues and the level of support provided by the grandmother. Within traditional western society great importance is placed on the relationship between a mother and her child, with cultural expectations prescribing that a mother's role is to care for her infant unconditionally. Thus a daughter, or a mother, may not feel comfortable admitting that their relationship is far from ideal.

Another potentially influential factor in the reporting of disagreement and conflict, which was highlighted in chapter one is that mothers and grandmothers may often have unspoken agreements to avoid the issues upon which they disagree in order to minimise conflict (Hagestad, 1985). This may have a carry-over effect onto their reporting of disagreement when completing the questionnaire measures. While there was no need for their mother / daughter to be made aware of their ratings of disagreement and conflict, they

may still have felt “uncomfortable” or “unfaithful” if they disclosed such areas of discord. Therefore, as outlined in section 1.5.1.2, alongside asking the dyad to directly rate their disagreement levels, discrepancies scores based on the measure of parenting attitudes were also measured.

Duplicate measures, of the level of childcare support and advice provided by the grandmother, were also attained, by asking both the mother and grandmother to report on the level of grandmother involvement. These duplicate measures made possible the assessment of the reliability of the dyads’ reports, and allowed intergenerational differences in mother - grandmother perspectives of the relationship to be explored. In cases where the mother or grandmother was depressed it was felt this might be especially valuable, due to the possible effects this may have had on their evaluations. As, for example, depressed individuals tend to focus on negative rather than positive events (Burns, 1980).

2.2.2. The “Hospital Anxiety Depression Scale” HADS.

The HADS (Zigmond & Snaith, 1983) was selected to measure both the mothers’ and the grandmothers’ levels of state anxiety (seven items) and depression (seven items). This scale was utilised as it is a short and easy to complete measure, and as such was suitable for self completion by the participants. The measure was designed to search for clinical cases of anxiety and depression and to assess their severity, and as such the measure was ideal for the purposes of this study.

All the items are scored from 0 to 3, so the total scores range from 0 to 21 for both the anxiety and depression subscales. Four score ranges have been identified, which can be classified as ‘normal’ (0 – 7), ‘mild’ (8 – 10), ‘moderate’ (11 – 14), and ‘severe’ (15 – 21) (Zigmond & Snaith, 1983). These categories are those which were employed in this study.

The reliability of both the subscales is excellent, with Cronbach’s alpha scores for anxiety being 0.93, and 0.90 for depression (Moorey et al, 1991). The construct validity of the scale, as a measure of two factors was also supported by Moorey et al’s (1991) factor analysis of the responses of 568 cancer patients, with two independent factors accounting for 53 percent of the variance, being identified. The items were found to load on the expected factors with the exception of item seven, which loaded onto both factors. The concurrent validity of the HADS has been demonstrated by significant correlations with 5-point psychiatric ratings of anxiety and depression for 100 out-patients (anxiety, $r = 0.54$; depression, $r = 0.79$) (Zigmond & Snaith, 1983).

2.2.3. The “Parenting Sense of Competence” Scale PSOC

The PSOC (Johnston & Mash’s, 1989, modification of Gibaud-Wallston & Wandersman, 1978, scale) was selected to measure the mothers’ parenting sense of efficacy (seven items) and satisfaction in her parenting role (nine items). This scale was utilised as studies have shown it to be a reliable measure of mother’s parenting self-esteem across a range of different child ages in both clinical and normal samples (Mash & Johnston, 1983). It also has the advantage that it is short and simple to complete.

The reliability of both subscales is good, Cronbach’s alpha scores of .075 for satisfaction, and 0.76 for efficacy (Johnston & Mash, 1989). The construct validity of the scale as a measure of two factors, was supported by a factor analysis of the reports of 297 mothers of children aged 4 – 9 from a non-clinical sample. This revealed that there were two independent factors, accounting for 36 percent of the variance (Johnston and Mash, 1989). The items loaded onto the expected factors, with the exception of item eight “A difficult job in being a parent is not knowing whether you’re doing a good job or a bad one.” This item was originally supposed to be part of the Efficacy scale, however it was empirically found to load onto the Satisfaction factor. Item seventeen did not load onto either factor and was therefore excluded from the scale.

Preliminary evidence for the validity of the PSOC has been shown by the finding of theoretically expected relationships with general measures of self-esteem and functioning, and with observed parent and child behaviour. A more detailed analysis of the validity of the PSOC revealed that the satisfaction factor was significantly negatively correlated with the Child Behaviour Checklist (CBCL; Achenbach & Edelbrock, 1983), whereas the Efficacy factor showed no significant relationship, (satisfaction, $r = -.27^{***}$, for internalising problems, and $r = -.31^{***}$, for externalising problems) (Johnston & Mash, 1989). The weaker than expected correlations between parenting self-esteem and mothers’ ratings of child behaviour problems can be explained by the low levels of behaviour problems likely to be present in a non-clinical sample.

2.2.4. The “Perceived Support Network Inventory” PSNI

The PSNI (Oritt, Paul, and Behrman, 1985) was selected to measure the mother’s social support network. This scale was employed as it provided a measure of the types of support (emotional, material aid, advice and information, physical assistance and social participation), made available to the mother by the various members of her support network. As well as providing a measure of the quality of the mothers’ relationship with each of her

support members: this included measures of the mother's willingness to initiate support, the availability of support, the reciprocity of support giving, the level of conflict between them, and the mother's satisfaction with support levels.

Two minor modifications were made to this measure. Firstly the mother was only asked to complete the questionnaire for the four main members of her support network. Whilst this was limiting, in that the extent of the mothers' network could not be assessed, it was deemed necessary to limit the number of responses made by the mother as the questionnaire instrument was already lengthy. Secondly, the mothers were provided with an additional response sheet to complete for their mother, even if she was not considered to be one of their main supporters, as this would permit comparisons to be made with the other measures of grandmother support and conflict.

The reliability and validity of the PSNI was assessed by Oritt et al (1985), employing two distinct samples; 146 introductory psychology students; and in contrast 28 counseling group clients. The reliability of the PSNI is good, with test re-test reliability for the subscales being greater than .72. The Cronbach's alpha score for the internal consistency of the scale when all the subscales were included was .60, but this increased to .77 when the perceived network size was excluded (Oritt et al, 1985). The construct validity of the PSNI was supported, with correlations being greater than .43 with the Perceived Social Support Inventories for friends and family (PSS; Procidano & Heller, 1983). The validity of the measure was also seen to be supported, by the theoretically predicted higher ratings of the psychology students than the counselling centre client group on all but the support seeking subscale of the measure.

2.2.5. The "Infant Characteristics Questionnaire" ICQ

The ICQ (Bates, Freeland & Lounsbury, 1979) was chosen as the measure of infant temperament, this includes the following subscales (at age six months): Fussy / Difficult (six items), Unadaptable, (four items), Dull (three items), and Unpredictable (three items). This scale was selected due to its adaptability for use with different ages of children. With clusters of items loading onto factors appropriate for children aged six, thirteen, and twenty-four months being available. A decision was made to analyse the data using the "six month factors". As the mean age of infants recruited by the current study was 9.9 months (see section 2.7.1.) it was felt that employing the 'six month factors' was most appropriate, as all mothers should have experience of the behaviours being assessed (with the possible exception of the 16 mothers whose infants were aged 4 & 5 months old). A decision was

made not to adapt the factors explored for the infants aged 13 months or more, as this would make comparisons across the entire sample problematic. The other rationale behind this decision was that the factor structure is most clear-cut for the six month olds, and is the most thoroughly validated version (Bates, et al, 1979).

The reliability and validity of the six month version of the ICQ was assessed by Bates et al (1979), employing 323 primiparous and multiparous American mothers. The reliability was found to be acceptable for three of the four scales: The Dull scale was, however, of questionable reliability. The test re-test reliability analyses were carried out over one month: this long time lapse, was felt to support the reliability of the measure in the face of slightly depressed correlations, (Fussy, $r = .70$ Unadaptable, $r = .54$, Dull, $.57$ Unpredicable, $r = .47$). The Cronbach's alpha scores for the internal consistency of the scales were (Fussy, $\alpha = .79$, Unadaptable, $\alpha = .75$, Dull, $\alpha = .39$, Unpredicable, $\alpha = .47$). Although the factor analysis carried out by Bates et al (1979) identified four factors, the Dull scale correlated $r = .70$ with the Fussy scale. Due to the low internal consistency of this measure, and its lack of independence, it was decided that further analyses of the subscales should also be carried out with the main study data set (see section 2.7.4.).

2.2.6. A Modified Version of the “Child Rearing Practices Report” CRPR

The CRPR (Rickel & Biasatti's, 1982, modification of Block's CRPR, 1965), was selected to assess the parenting practices espoused by the mothers and the grandmothers. This measure of child rearing attitudes was the preferred choice of parenting measure, as it loads onto only two factors, nurturance (eighteen items) and restrictiveness (twenty two items), which for reasons outlined in chapter one section 1.5.1.1., were felt to be most appropriate to this study.

Some minor modifications to the CRPR were necessary to make it appropriate for use with young infants and grandmothers. In order to achieve this the items were grouped under three sub-sections: 1). How children in general should be treated or behave? (eleven items). 2). How you behave with your child / grandchild now? (eight items). 3). How you think you will behave with your child / grandchild in the future? (twenty one items). Thus, items such as, “I believe a child should be seen and not heard” were grouped into section one. Items akin to “I am easy going and relaxed with my child / grandchild” were clustered into section two. And items similar to “I will try to take into account my child's / grandchild's preferences when making plans for the family”, were grouped under section three. The other notable difference to previously administered versions of this measure,

was the duplication of the administration of the scale. Mothers and grandmothers were asked to complete the measure firstly from their own perspective, and again placing themselves in their mothers' / daughters' shoes answering questions from the others' perspective.

The reliability of the two subscales, as assessed with two groups of undergraduate students (the first of which included many parents) numbering 211 & 150, and a group of 95 parents, were found to be good, with Cronbach's alpha scores of $>.82$, on both the scales for the first student group and the parents. The second group of students recorded alpha scores of .61 and .73 for restrictiveness and nurturance respectively (Rickel & Biasatti, 1982).

The construct validity of the scale as a measure of two factors was supported by Rickel & Biasatti's (1982) factor analysis of the responses of the same three participant samples described above, with two independent factors being identified. The content validity of these two factors was supported by the nature of the items which loaded onto the two factors being consistent with measures of parenting restrictiveness and nurturance.

2.3. Designing the "Intergenerational Support and Advice Giving Scale" (ISAGS) and the "Intergenerational Conflict Scale" (ICS)¹

To assess the mothers' current satisfaction with the level and type of grandmother involvement (as discussed in chapter one section 1.5.1.1), a set of new measures were required to explore (i) grandmaternal childcare support and advice (the ISAGS), and (ii) mother – grandmother disagreement and argument over childcare issues (the ICS). It was necessary to design these new scales, as there were no suitable pre-validated measures available.

It was decided to base measures on a five point Likert scale design for three main reasons. This type of scale is straightforward to complete and, with the exception of the HADS, it was the format utilised by all the scales included in the battery of questionnaire measures. Thus by maintaining this formatting pattern, the questionnaire measure was more uniform and therefore easier to complete. As the questionnaire measure was of considerable length anything that could be done to make the questions easier to answer was a bonus. Data is also easy to collect and analyse in this format, which with large volumes of subjective data can be problematic. Finally, a five point, rather than a six point scale was used, as this

¹ Copies of the mother's and the grandmother's questionnaire instruments can be found in Appendices 1 & 2 respectively.

allowed participants to make an neutral judgement, rather than forcing them to make a decision which may not accurately represent their opinions. Thereby increasing the validity of the scale, as respondents were not forced into making random choices.

2.4. Selecting the Items for the ISAGS and the ICS

The primary ways in which grandmothers are involved in the care of their grandchildren can be broken down into two main categories, (I) advice giving and, (II) supportive behaviours. In order to select the constructs for inclusion in the scales, all the childcare issues on which grandmothers were likely to advise their daughters and all the types of support grandmothers were likely to provide their daughters were collated. These were then shown to 30 mother – grandmother pairs recruited through local playgroups who were asked to highlight those constructs on which they had received / given advice or support and on which issues they had held differing views during their infant's / grandchild's first year (see appendix four).

It was decided that the Advice subscale of the ISAGS, and the ICS should measure the same constructs, in order to make the association between mothers' satisfaction with the level of grandmother childcare advice directly comparable with the level of disagreement and argument over childcare issues.

2.4.1. Selecting the Items for the Advice Scales of the ISAGS and the ICS

Using the information from the 30 grandmother – mother dyads the following four constructs were selected for inclusion in the Advice subscale of the ISAGS and the ICS. The first two constructs were specific to feeding and crying behaviours. The other two constructs selected were of a general nature. They asked how often advice was given on teaching the infant things? And how often general childcare advice was offered? These constructs were selected as they represented the issues which were pertinent to most grandmother – mother dyads; i.e. areas of childcare which were problematic at some time for most mothers. The two more general constructs were chosen to cover issues of importance which were not included under the specific items, with the teaching issues likely to be of special interest as the infant matured. As it was the long-term aim of the project to carry out a follow up study, this construct was included in the first scale so as to provide continuity in the measures used at time one and two.

The ICS also included constructs on the level of freedom children in general should be allowed, and whether the mother and grandmother held similar or dissimilar beliefs on

childcare issues in general. The issue of freedom was included, as this represented one of the major differences seen between nurturant and restrictive child-rearing practices as operationalised on the Block CRPR(1973). Through this duplicate measure of difference in opinion over child-rearing beliefs, it was hoped that concurrent validity could be assessed. The issue of general disagreement and conflict was felt to be important, as this allowed some insight into the dyads general interaction style. This enabled the exploration of whether or not their relationship was characterised by discord and whether this was carried over into issues regarding childcare. The ICS was concluded with a single item asking the respondent to assess the quality of their relationship, thus providing another measure capable of cross validation.

2.4.2. Selecting the items for the Support Scale of the ISAGS

Based on the constructs highlighted as being influential by the mothers and grandmothers, and the social support literature, (see chapter one section 1.2.) five items deemed likely to tap constructs influential in mothers' satisfaction with grandmother involvement, were selected for the Support subscale of the ISAGS. Four of the items focussed on specific aspects of support-giving, including; (i) the levels of practical, (ii) emotional, and (iii) financial support provided by the grandmother. (iv) how often the grandmother looks after their grandchild? A more general measure was also included, asking how much support the grandmother provided her daughter with since the birth of her infant. Thus two measures of the general support provided by the grandmother, were collected, enabling the validity of the support subscale of the ISAGS and the PSNI to be assessed.

2.4.3. The Construction of the Intergenerational Support and Advice Giving Scale ISAGS

Two separate scales assessing grandmother involvement in childcare were required, one for the mother and one for the grandmother. These measures needed to include three subscales: Assessing the actual, expected and ideal levels of grandmother involvement (see chapter one section 1.5.1.3.), in the items outlined in sections 2.4.1 & 2.4.2.

The ISAGS was assembled, including the constructs which were identified by mothers, grandmothers, and the literature into the following six subscales. Actual Advice giving (four items), Expected Advice giving (four items), and Ideal Advice giving (four items); Actual Support giving (five items), Expected Support giving (five items), and Ideal Support giving

(five items). Both the mothers' and grandmothers' scales were couched in terms of the mother's perspective (with the exception of the Actual support and advice levels). For example, "how often do you think your daughter expected you to give her advice on feeding her baby?"

2.4.4. The Construction of the Intergenerational Conflict Scale ICS

Two separate questionnaires were required one for the mother and one for the grandmother (see chapter one section 1.5.1.2.). These measures included two subscales, (I) disagreement over childcare issues, (II) argument over childcare issues.

The ICS was assembled, including the constructs outlined in section 2.4.1. The scale comprised of two subscales addressing the same items from the following two perspectives: (i) Disagreement over child care issues (six items); (ii) Argument over child care issues (six items), and one item asking for a global measure of the quality of the grandmother-mother relationship.

2.5. Piloting the Questionnaire Instrument.

Before the study could be undertaken using the questionnaire instrument, it was necessary to complete a pilot study assessing the reliability and validity of the questionnaire battery as a self-administered measure for use with both mothers and grandmothers. In order to achieve this, test retest reliability data was needed for the newly designed measures. Sixty-one pairs of mothers and grandmothers were, therefore, asked to complete copies of the ISAGS and ICS measures twice, with a one week interval in between times one and two. The time period of one week was selected, as this was the minimum interval over which it was felt participants would have forgotten their responses at time one. The rationale for using the shortest possible time lapse, was related to the intention to assess the influence of respondents' mood and environment at the time of questionnaire completion, rather than the effects of events which had transpired between the mother - grandmother / infant during the time lapse. Thus a longer period between times one and two would have equated to an increased chance of measuring changes attributable to circumstantial differences.

2.5.1. Participants.

The recruitment of participants for inclusion in the pilot study could not be arranged through the Health Visitors, due to their limited resources. It was therefore decided to recruit an opportunity sample of participants through mother and baby groups, nursery

schools and playgroups. The recruitment criteria were not as stringent for the pilot study, as for the main study, as this would have been prohibitive of sufficient mothers being enrolled within the limited time period available. For this reason mothers with more than one child were accepted into the pilot, and the age of the infant in question was broadened to encompass children aged between 4 – 36 months. Eleven groups agreed to participate (four in South Devon, three in Dorset, and four in Hampshire), from which 61 mother - grandmother dyads were recruited. Of which 54 mothers, 47 grandmothers, and 40 grandmother – mother pairs returned the questionnaires. The mean ages; of infants was 16 months; mothers was 32 years; and grandmothers was 59 years. Seventy-seven percent of mothers were married, seventeen percent lived with partners, and six percent were single. Forty-two percent of grandmothers' lived within 10 miles of their daughters; eighteen percent lived 10- 30 miles away; with the remaining 40 percent living more than 30 miles away.

2.5.2. The Questionnaire Instrument

The questionnaire instrument consisted of an introductory letter (Appendix 5), a cover sheet which asked the mother / grandmother, for their full name and address, and the name and address of their mother / daughter, so as to enable researchers to contact them should their participation be desired in any further studies. These cover sheets were numbered, as were the questionnaires: the participants were assured that their personal details would be detached from the questionnaire so as to maintain their anonymity.

The first page of the instrument; reminded the grandmothers that the questions about their grandchild, referred solely to the infant of their daughter who was also completing the questionnaire; and asked the mothers / grandmothers for demographic information. The rest of the Scales, (already discussed in sections, 2.1 & 2.3.), comprised the questionnaire instrument in the following order. The: (i) Intergenerational Support and Advice Giving Scale ISAGS; (ii) a modified version of the Block Child Rearing Practices Report CRPR; (iii) the Intergenerational Conflict Scale ICS; (iv) Parenting Sense of Competence scale PSOC (Johnston & Mash, 1989); (v) the Hospital Anxiety Depression Scale HADS (Zigmond & Snaith, 1983); (vi) the Perceived Social Network Inventory PSNI (Oritt, Paul & Behrman, 1985); and (vii) the Infant Characteristics Questionnaire ICQ, (Bates, Freeland & Lounsbury, 1979).

Only the ISAGS, CRPR, ICS, and the HADS, were included in the grandmothers' version of the questionnaire measure. The Infant Characteristics Questionnaire was not

administered to the grandmothers, as although this would have provided an independent measure of infant behaviour, it was felt that many grandmothers may not have spent enough time with their grandchildren to reliably complete this measure.

2.5.3. Procedure

Nursery schools and playgroups known to the researchers were contacted and asked to participate; as were a number of mother and baby groups and playgroups, identified through local health centres; and nursery schools identified through advertisements in telephone directories. Approximately 1:3 of those groups contacted agreed to participate. Before questionnaires were distributed to the groups, a person in authority was asked to identify how many of their members might be prepared to view the questionnaires and consider taking part in the study. An appropriate number of packages were then distributed to the groups.

The packages for distribution to mothers included the following items. A covering letter was enclosed with all the questionnaires, which informed participants of the general aims of the study (see Appendix 5). This included a reassurance that we were not looking for examples of perfect mother – grandmother relationships and that *all* types of mother – grandmother pairs were eligible for inclusion in the study. Participants were asked to complete the questionnaires honestly, and without dwelling on issues too much. The importance of not cross referencing between answers from their own and their mothers' / daughters' perspectives, as well as avoiding discussing their answers with each other, until all phases of the study were completed were also stressed. Further instructions for the forwarding and return of the questionnaires were included.

Included within the mothers' questionnaire package was a postage paid envelope for forwarding to her-own mother. Both the mothers' and grandmothers' questionnaire packages included addressed freepost envelopes in which the completed questionnaires could be returned to the researchers. An additional envelope was included in the pilot study (which was omitted from later studies), this contained duplicate copies of the new measures (ISAGS & ICS). This envelope was labelled with instructions to open and complete the enclosed measures one week after completion of the main instrument.

2.6. Results - Initial Treatment of the Pilot Data ²

Prior to the analysis of the pilot questionnaire, a set of derived measures of satisfaction with support and advice giving, and the child rearing discrepancy scores (as outlined in chapter one, sections 1.5.1.3 & 1.5.5.1 respectively) were calculated for both the mothers and grandmothers using the ISAGS and the CRPR data. These included, on the ISAGS:

- Realisation of Ideal Advice / Support, (*eg. actual advice - ideal advice*).
- Realisation of Expectation Advice / Support, (*eg. actual advice - expected advice*).
- Expectation of Satisfaction Advice / Support (*eg. expected advice - ideal advice*).

The scale for these derived measures ranged from *minus four - plus four*. A minus score indicated that a participant experienced less involvement than wanted / expected, and a plus score indicated that they experienced more involvement than ideal / expected. A score of zero indicated that a participant perceived that mothers had received their ideal / expected level of support or advice.

And on the CRPR:

- Actual discrepancy Nurturance / Restrictiveness, (*eg. mother's nurturance score - grandmother's nurturance score*).
- Mother's / Grandmother's Perceived discrepancy Nurturance / Restrictiveness, (*eg. mother's nurturance score - mother's rating of grandmother's nurturance*).

The scale for these derived measures ranged from *minus 85 - plus 85 (minus 6 - plus 6* when based on mean scores) on the Nurturance scale and from *minus 115 - plus 115 (minus 6 - plus 6* when based on mean scores) on the Restrictiveness score. A minus score indicated that a participant regarded their mother / daughter as less nurturant / restrictive than themselves, and a plus score indicated that they perceived their mother / daughter to be

² The results of the statistical analyses carried out in SPSS presented in this chapter have been rounded up to two decimal places. (The demographic variables were rounded up to one decimal place).

The number of participants entered into specific analysis are indicated by (n = “) in each of the tables. The number of participants presented in the tables represents the maximum number of participants who could have completed each of the scales, in some conditions analyses may have been carried out on a smaller number of participants due to missing data on an item.

Mean scores were calculated for measures in which the number of items were unequal, thus enabling comparisons to be drawn between variables such as Nurturance and Restrictiveness.

more nurturant / restrictive than themselves. A score of zero indicated that the mother / grandmother perceived their mother / daughter to hold identical child rearing attitudes to their own.

2.6.1. Reliability Analyses Strategy

The reliability of the questionnaire was assessed using measures of both internal consistency on all scales, and test re-test reliability on the new scales. The internal consistency of the measures was assessed using Cronbach's Alpha (α), which estimated the reliability of the measure based on the number of items in the scale and the average correlation between items. Values of $>.70$ were accepted as indicating a scale was reliable. In cases where the $\alpha <.70$ further analyses were carried out to estimate whether the amount of error in the measure decreased when any of the items were omitted from the scale.

The test re-test reliability of the new measures was assessed using Pearson's product moment correlation analyses between participants' scores at time one and time two. Correlation's of $r >.70$ were accepted, as indicating the measure was reliable.

2.6.1.1. The Reliability of the ISAGS.

Table 2.6.1.1a supported the reliability of all measures of intergenerational advice and support giving.

Target View Point	<u>Mother</u>			
	Mother (N = 54)		Grandmother (N = 47)	
Reporter	α	r	α	r
Advice actual	.74	.68**	.90	.88**
Advice expected	.90	.76**	.94	.87**
Advice ideal	.87	.69**	.91	.87**
Support actual	.85	.94**	.80	.90**
Support expected	.83	.83**	.83	.90**
Support ideal	.71	.73**	.85	.79**

Table 2.6.1.1a; The Reliability of the Advice and Support subscales of the Intergenerational Support and Advice Giving Scale

NOTE - The Target Point of View is the Mother's, indicating that the responses are from the mother's perspective, for example how much support 'she' expected to receive. Reporter indicates whether the information was provided by the mother or the grandmother.

- The values shown in this table are Cronbach's α values and Pearson's r values.

- ** indicates that the correlation is significant at the 0.01 percent level.

- Two of the r values were just below the .7 reliability level, this was not, however, considered to overly compromise the reliability of the entire scale.

2.6.1.2. The Reliability of the ICS.

Table two supported the reliability of all measures of intergenerational conflict. The only questionable measure being the grandmother argument subscale, as grandmothers' reported an absence of argument between themselves and the mothers, resulting in a low level of variance in their scores.

Reporter	<u>Mother</u>		<u>Grandmother</u>	
	(N = 54)		(N = 47)	
	α	r	α	r
Argument	.81	.77**	.81	“
Disagreement	.82	.96**	.81	.88**

Table 2.6.1.2a; The Reliability of the Argue and Disagree subscales, of the Intergenerational Conflict Questionnaire.

NOTE - The values shown in this table are Cronbach's α , and Pearson's r .

** indicates that the correlation is significant at the 0.01 percent level.

“ It was not appropriate to assess the test re-test reliability of the grandmother conflict subscale using Pearson product moment correlation coefficient, due to a lack of variance in the grandmother's responses (see table seven).

2.6.1.3. The Reliability of the CRPR and the HADS

Target view point	<u>Mother</u>		<u>Grandmother</u>	
	Mother	Grandmother	Grandmother	Mother
Reporter	(N = 54)	(N = 47)	(N = 47)	(N = 54)
	α	α	α	α
CCPR nurture	.77	.86	.84	.91
CCPR restrict	.77	.85	.81	.86
HADS anxiety	.78		.83	
HADS Depress	.60		.69	

Table 2.6.1.3a; The Reliability of the Nurturance and Restrictiveness subscales of the Modified Version of Block's Child Rearing Practices Report and the Anxiety and Depression subscales of the Hospital Anxiety Depression Scale.

Note - Target indicates whether the responses are from the mother's or grandmother's perspective. Reporter indicates whether the information was provided by the mother or the grandmother.

The values shown in this table are Cronbach's α values.

Item 18 was included in the restrictiveness scale as the reliability of the scale remained $\alpha = .77$ when it was removed.

Initial observation of responses to item eighteen of the nurturance scale on the CRPR, indicated that participants had viewed this as being a restrictive rather than a nurturance parenting trait. The content of this question “ when I am angry with my child, I will let him

/ her know about it”, also seemed to the researchers to be more consistent with the restrictive subscale. This item was therefore, included in the restrictiveness subscale for reliability analyses. Resulting in the Nurturance subscale equalling seventeen items, and Restrictiveness equalling twenty-three items.

Table 2.6.1.3a supported the reliability of the CRPR, indicating that this remained a reliable measure of parenting style after the modifications made.

Table 2.6.1.3a did not provide clear support for the reliability of the HADS, with α values $<.70$ on the depression subscale; although the reliability analysis on the grandmother sample bordered on the $\alpha > .70$ cut off thus bringing into question the reliability of this measure of depression.

The reliability of the depression subscale was not improved by the deletion of items, the measure was not, therefore, modified. The HADS is, however, a widely used, pre-validated clinical tool (Zigmond and Snaith, 1983; Moorey et al , 1991). Based on a single sample of mothers, it was not felt it is necessary to reject the reliability of the depression subscale. The HADS was, therefore, included in the questionnaire instrument for use in study three: With the intention to reassess the scale with the main study sample, before drawing conclusions from the data.

2.6.1.4. The Reliability of the PSOC, the PSNI and the ICQ.

Table 2.6.1.4a provided support for the reliability of the PSOC and the PSNI. Table four revealed that four of the PSNI constructs were sufficiently correlated ($\alpha > .70$) to treat them as a single, reliable measure of support. These items were, therefore, treated as a Scale of Support.

Table 2.6.1.4a did not provide conclusive support for the reliability of the ICQ. The reliability of the fussy subscale could be accepted with confidence, and the unpredictable and unadaptable subscales did border on the $\alpha > .70$ cut off. The alpha value on the dull subscale was, however, low; in line with the findings of Bates et al (1979). The reliability of these subscales will be reassessed in the main study, at which point they may be deleted from the questionnaire instrument.

Reporter	Mother (N = 54)
	α
PSOC efficacy	.80
PSOC satisfaction	.73
PSNI support	.76
ICQ fussy	.76
ICQ unadaptable	.68
ICQ unpredictable	.70
ICQ Dull	.54

Table 2.6.1.4a; The Reliability of the Parenting Sense of Competence, The Perceived Social Network Inventory, and the Infant Characteristics Questionnaire.

Note - The values shown in this table are Cronbach's α .

Support - comprises of, Perceived Availability of support, Satisfaction with support, Perceived support Reciprocity, and Perceived network Conflict.

2.6.1.5. Exploration of the Relationships between Scales

Analyses to explore the pilot data were carried out on all the measures before the main study was commenced. In order to determine whether the derived measures of 'realisation of ideals' and 'realisation of expectations' did suggest that a 'tailored level of grandmother involvement was differently associated with the measures of wellbeing (HADS and PSOC scores) Quadratic Regression Curves were calculated. These suggested that further analyses of the 'tailoredness' construct would be of interest. Analyses were also carried out to assess the normality of score distribution on all the measures.

2.7. The Main Study – Sample Characteristics and additional analyses of Measures.

This section aims to outline the characteristics of both participants and non-participants who took part in the main study. The information reported in this section is applicable to the samples of participants on which the analyses presented in chapters three, four and five were carried out.

2.7.1. Analyses of the Demographic Variables.

Where appropriate the variable mean / mode values were calculated, in the remainder of cases the variables were simply calculated into category percentages.

The socioeconomic status (SES) of the participants was calculated based on the member of mother – partner / grandmother – partner pairs whose occupation held the ‘higher status’ according to the Standard Occupational Classifications Volumes 1 & 2 (1995) manual. The Categories outlined within the manual are as follows: I – Professional Occupations; II – Managerial and Technical Occupations; III - Skilled Occupations (Manual and Non manual); IV - Partly Skilled Occupations; V – Unskilled Occupations.

The percentage of participants who were classified within the four HADS mental health categories was calculated (based on the scoring system outlined in section 2.2.2).

2.7.2. Participants – Sample characteristics.

Of the 183 mothers and 163 grandmothers who agreed to participate in the study, 160 of these were mother – daughter dyads. One dyad was omitted from the analyses due to the omission of the grandmother to complete any of the measures requiring her to estimate her daughter’s viewpoints, as well as the measure of intergenerational conflict. The mothers’ questionnaire responses were included in the data set.

Although there were 24 mothers and 4 grandmothers whose mother’s / daughter’s responses were not available for analyses, the total sample of grandmothers’ and mothers’ responses were included in the analyses exploring intergenerational differences. This was not considered to be problematic as the sample characteristics of dyads and non-dyads were very similar, see tables 2.7.2c. & 2.7.2d. It was also of relevance that the factors being explored within these analyses related to role differences and the effects of societal shifts in opinion on individuals’ perceptions, and as such the qualities of specific grandmother – mother relationships were beyond the parameters of the analyses.

The data regarding socioeconomic status was only available for 141 of the grandmothers, as the remaining 23 grandmothers described themselves and their partners as retired.

Mothers ranged in age from 18 to 41 years old, with a mean age of 31 (there were only two teenage mothers); grandmothers ranged in age from 41 to 79 years old, with a mean age of 58; and infants’ age ranged from 4 – 18 months, with a mean age of 9.9 months.

The information relating to the other demographic characteristics may be seen in table 2.7.2a, this showed that both members of the dyad tended to be in stable relationships, hold Christian beliefs and be of a moderate to high SES. It was also of interest to note that just less than half of women remained at home to care for their infants.

In regards to the relationship and personal characteristics of the dyads (table, 2.7.2b), it

could be seen that there were more anxious than depressed individuals, and that mothers were more likely to experience mental health problems than grandmothers. The average level of grandmother – mother conflict was also of interest, in that grandmaternal involvement with their daughters appeared to be very high within the current sample. On average grandmothers would see their daughters approximately twice a week and speak with them four times in the week. The high level of contact between mothers and grandmothers demonstrates the strength of grandmother - daughter relationships, particularly when the average distance apart of 105 miles is taken into account.

	<u>Mothers</u> (N = 183)	<u>Grandmothers</u> (N = 163)
<u>Demographic Characteristics</u>		
Married	79.1%	86.7%
With Partner	15.4%	4.2%
Single	5.5%	9.1%
Full- time Mother	42.1%	—
Employed Full-time	44.3%	32.9%
Employed Part-time	13.1%	29.8%
Student	0.5%	—
Retired	—	37.3%
SES Group		
I	19.7%	17%
II	39.3%	27%
III	27.7%	36.2%
IV	9.8%	16.3%
V	3.5%	3.5%
Religion – None	27.9%	9.3%
Religion – Christian	68.3%	86.3%
Religion – Other	3.8%	4.4%

Table 2.7.2a; The demographic characteristics of the entire main study sample.

	<u>Mothers</u> (N = 183)	<u>Grandmothers</u> (N = 163)
<u>Relationship Characteristics</u>		
Distance	105(389)	—
Visits	112(119)	119(123)
Phone	203(161)	228(141)
<u>Personal Characteristics</u>		
Mean Depression	4.63(2.9)	2.93(2.2)
Depression ‘Normal’	83.5%	94.9%
‘Mild’	13.2%	5.1%
‘Moderate’	2.8%	
‘Severe’	0.5%	
Mean Anxiety	7.07(3.8)	5.63(3.6)
Anxiety ‘Normal’	60.0%	72.5%
‘Mild’	21.7%	18.8%
‘Moderate’	15.5%	7.5%
‘Severe’	2.8%	1.2%
<u>Parenting Sense of Competence</u>		
Efficacy	29.00(5.1)	—
Satisfaction	32.43(4.7)	—

Table 2.7.2b; The relationship and personal characteristics of the main study sample

Note Unless indicated otherwise, the values shown in the table are mean values

The values shown in parenthesis are standard deviations

Distance = the mean number of miles between mothers and grandmothers homes

Visits = the mean number of times mothers and grandmothers visit each other per year

Phone = the mean number of times mothers and grandmothers telephone each other per year

	<u>Mothers</u>		<u>Grandmothers</u>	
	Dyads (N = 160)	Non-Dyads (N = 23)	Dyads (N = 160)	Non-Dyads (N = 3)
<u>Demographic</u>				
<u>Characteristics</u>				
Age	30	32	58	64
Married	93.7%	100.00%	–	–
With Partner	–	–	–	–
Single	6.3%	–		
SES (mode)	2	2	3	2
Religion – None	28.1%	26.1%	8.9%	33.3%
Religion – Christian	68.1%	69.6%	86.7%	66.7%
Religion – Other	3.8%	4.3%	4.4%	–

Table 2.7.2c; The demographic characteristics of the participants who were members of dyads and those who were single participants.

Note Unless indicated otherwise, the values shown in the table are means.

The levels of discord reported by dyads and non-dyads were also included in the exploration of relationship characteristics within this section, as it was felt that within dyads where conflict levels were high, mothers may have been reluctant to include the grandmother in the study. The means reported in Table 2.7.2d demonstrated that mothers within the non-dyad section do report higher levels of disagreement and argument than mothers who were part of a dyad. Thus it would seem that intergenerational conflict was a factor in mothers' decisions to include the grandmother. No such relationship was found between grandmothers reports, in fact reports of discord were lower in the case of the three non-dyad grandmothers. This is not surprising as the fact that the grandmother received the questionnaire from their daughters indicates that their relationship may be healthier than those individuals represented by 'mother non-dyad' members.

	<u>Mothers</u>		<u>Grandmothers</u>	
	Dyads (N = 160)	Non-Dyads (N = 23)	Dyads (N = 160)	Non-Dyads (N = 3)
<u>Relationship</u>				
<u>Characteristics</u>				
Distance	103	121	–	–
Visits	117	76	–	–
Phone	209	158	–	–
Disagreement	12.69	14.17	9.81	7.33
Argument	7.51	8.65	6.73	6.00
<u>Personal</u>				
<u>Characteristics</u>				
Mean Depress.	4.77(2.9)	3.65(2.8)	2.94(2.3)	2.00(2.0)
Depres. ‘Normal’	83.6%	82.6%	94.8%	100.0%
‘Mild’	12.6%	17.4%	5.2%	–
‘Moderate’	3.2%	–	–	–
‘Severe’	0.6%	–	–	–
Mean Anxiety	7.13(3.7)	6.60(4.1)	5.67(3.6)	3.33(3.2)
Anxiety. ‘Normal’	58.6%	69.6%	72.0%	100.00%
‘Mild’	22.3%	17.4%	19.1%	–
‘Moderate’	16.6%	8.7%	7.6%	–
‘Severe’	2.5%	4.3%	1.3%	–

Table 2.7.2d; The relationship and personal characteristics of the participants who were members of dyads and those who were single participants.

Note Unless indicated otherwise, the values shown in the table are mean values
The values shown in parenthesis are standard deviations

2.7.3. Limitations of the Main Study Data Set.

Although the aim of this study was to recruit a representative sample of grandmother – mother dyads, these aims were unarguably compromised by the considerable numbers of mothers who declined to take part. The acceptance rate of questionnaire packages was approximately 80%, based on the reports of health visitors. The completion rate was, however, considerably lower with only 30.5% and 26.7% of questionnaires being completed and returned by mothers and dyads respectively. The completion of questionnaires is notoriously poor, which when coupled with the length of this questionnaire measure, and the number of stages during which failures might occur, culminated in this low completion rate. For example, alongside the problems of mothers filling in the questionnaires and posting them onto grandmothers to complete, the research was also reliant upon distribution by health visitors. Health visitors were very helpful, however, they were also extremely busy with their job demands and as such the distribution of questionnaires could not always be a priority. Observations as to the numbers of questionnaires successfully returned from particular patient groups, suggests that some health visitors may have been more ‘successful’ in their distribution than others. Thus it is likely that the number of dyads who appear to have failed to complete questionnaires, is inflated by a number of questionnaires failing to be distributed. Any of the 600 questionnaire packages (which were eventually made up for distribution³) that were returned uncompleted by health visitors were redistributed via their colleagues.

It was possible to estimate the characteristics of those mothers who declined to accept a questionnaire package, based on the maternal characteristics forms completed by health visitors for non-participants. The completion of the forms was not comprehensive for the non-participants, for the following two reasons: (i) a proportion of the mothers refused health visitors permission to complete the form; (ii) in a number of cases the health visitors were not prepared to submit this information due to their overload of paper work.

67 forms were completed and returned by health visitors, it was on these that the sample characteristics of non-participants were estimated (see table 2.7.3a.).

³ Initially 300 questionnaire packages were made up and distributed to health visitors in Hampshire in the hope of 180 being returned. At this stage (due to unforeseen circumstances) active research had to be suspended for one year. At the end of this time the expectation of a 60% response rate was realised to be unrealistic, therefore a further 300 packages were distributed to health visitors to Health Visitors in Hampshire and Devon. It required a further 8 months before the final sample of participant responses were collected.

<u>Mothers</u>	
(N = 67)	
<hr/>	
<u>Demographic Characteristics</u>	
Married	70.1%
With Partner	20.6%
Single	9.3%
SES Group	
I	10.3%
II	17.7%
III	34.6%
IV	24.3%
V	13.1%
Religion – None	31.3%
Religion – Christian	61.9%
Religion – Other	6.3%

Table 2.7.3a; The demographic characteristics of the non-participants.

One of the main concerns was that the participants who refused to participate constituted to a significant degree of those whose intergenerational relationships were poor / dysfunctional, who were emotionally vulnerable, and or from lower SES groups.

There were a number of indications that this was likely. Initially, after the problems with recruitment of health visitors were overcome, a number of group meetings took place with the researcher. During these concerns were expressed regarding a number of factors, firstly it was felt that some mothers may find the completion of the questionnaire instrument beyond their abilities. Thereby resulting in mothers with poorer educational backgrounds being underrepresented, the data on SES reported in table 2.7.2a. indicated that this probably was the case, although it was not felt that this limitation was avoidable.

Secondly health visitors were uncomfortable about asking mothers' who they considered to be emotionally vulnerable or unstable to participate. This concern was clearly valid

given that the primary role of the health visitor was to care for the mothers' wellbeing. The judgement of health visitors in approaching mothers was therefore respected, although this was recognised as being potentially problematic to the study and health visitors were asked to permit mothers the opportunity to participate whenever possible. The initial reticence of health visitors to approach certain mothers was not, however, the only factor likely to impact upon depressed mothers successfully completing the questionnaires. The personality characteristics and the symptomatology of such mothers was also a probable factor in the numbers who participated. In light of these factors the impact on sample characteristics needs to be recognised. Demographic analyses indicate that lower than average levels of depression mothers are included in the sample, 3.3% (in the moderate – severe range for mothers', table 2.7.2b.) as compared to those outlined by Boyd and Weissman (1981) which indicated 9.9% of young women were depressed.

The final area in which it was felt that non-participants may have differed from the main sample of grandmother – mother dyads was in the level of their relationship discordance. This final possibility is of importance, as dyads experiencing high levels of conflict may have been unlikely to volunteer for the study when approached by the Health Visitor. This seemed likely to be associated with social desirability concerns, an avoidance of possibly painful issues, and maybe fears regarding the repercussions associated with the dyad having completed the questionnaires. Health visitors were asked to assure mothers as to the non-judgemental and anonymous nature of the research, a point which was reiterated in the letters to mothers and grandmothers. Mothers were also encouraged to approach the researcher in person should any further assurance be required. Nevertheless, despite efforts to recruit dysfunctional grandmother – mother dyads, such individuals were often reticent to participate. This was highlighted by the verbal and sometimes written notes of health visitors, who commented upon the reasons volunteered by mothers for declining to take part. A further source of information was made available directly from the mothers, who sometimes accepted the questionnaires from health visitors and then returned them to the researchers uncompleted, usually accompanied by an explanatory note. Approximately forty percent of these notes highlighted poor relations as the reason behind their declining to participate. Thus the fact that reports of intergenerational discord were very low (the means in table 2.7.2d. equated to disagreements occurring rarely – sometimes, and arguments occurring very rarely - rarely) was in part a function of a self-selecting sample of grandmother – mother dyads which enjoyed good relations.

The characteristics of this sample of non-participants highlight a few modest, yet

interesting differences with the main sample. There were a few more members of religious groups other than Christian, than were seen in the main sample, there were also slightly more mothers who lived with partners as opposed to being married. The most interesting trend, which was predicted by the health visitors, was that the SES groupings illustrate that there were more non-participants from lower SES groups than were represented in the study sample. The lack of participants from lower SES groups may suggest that these mothers were the least able, or prepared to complete the questionnaire measure.

2.7.4. Additional Analyses of Measures

The initial pilot study analyses of the ICQ and the PSNI, whilst showing these two measures to be suitable for use in the main study, table 2.6.1.4a. also highlighted some weaknesses with these two scales (see section 2.6.1.4). For this reason the reliability of these two measures was re-assessed using data from the main study sample.

The internal consistency of the PSNI social support measure was re-assessed using Cronbach's Alpha (α) analyses, with the reliability of the scale being assessed when items were omitted from the scale. It was found that the most reliable scale of social support was made up of the following subscales: initiation of support; availability of support and satisfaction with support, ($\alpha = .72$).

Reporter	Mother (N = 183) α
ICQ fussy	.87
ICQ unadaptable	.73
ICQ unpredictable	.64
ICQ dull	.28

Table 2,7,4a; The reliability of the ICQ.

The analyses shown in table 2.7.4a indicated that the reliability of the dull scale of the ICQ was too low for this subscale to be utilised in the main study analyses. The unpredictable scale's internal consistency was also questionable and could not be improved with the omission of items, therefore it was not omitted from further analyses. However, the

question over its reliability should be borne in mind.

2.7.5. Additional Treatment of the Main Study Data⁴.

The discrepancy scores were calculated for both the ISAGS and the CRPR using the same method outlined in section 2.6.

Prior to analysing the data the distributions of the scores were checked for normality. No scores were omitted from the analyses due to their being outliers.

Due to the length and the complexity of the questionnaire measures a few participants failed to complete one of the scales satisfactorily, leading to the scale in question being omitted from analyses. This was not judged to be prohibitive of the inclusion of their remaining responses in the analyses. It did however mean that the number of participant responses which qualified for inclusion in some of the analyses was less than the total of 183 mothers, 163 grandmothers or 160 dyads.

⁴ The results of the main study statistical analyses carried out in SPSS presented in this chapters 3, 4, 5, and 6 have been rounded up to a maximum of two decimal places. (The demographic variables were rounded up to one decimal place).

The number of participants entered into specific analysis are indicated by (n = “) in each of the tables. The number of participants presented in the tables represents the maximum number of participants who could have completed each of the scales, in some conditions analyses may have been carried out on a smaller number of participants due to missing data on an item. This does result in some discrepancies between D.F. and the number of reported participants.

Mean scores were calculated for measures in which the number of items were unequal, thus enabling comparisons to be drawn between variables such as Nurturance and Restrictiveness.

CHAPTER THREE

Intergenerational Continuities and Differences

The grandparenting literature identifies a number of interesting issues regarding intergenerational differences and continuities. Although these are beyond the main scope of the study they may nevertheless be addressed by the data collected, providing an opportunity to further explore the nature of grandmother – mother relations in a UK based sample. The specific questions to be explored were outlined at the end of chapter one along with a brief rationale. This section aims to explore in more depth the theory and past research, which has led to the formulation of these research questions.

A review of the literature on intergenerational continuities and differences demonstrates the usefulness of the theory of ‘relative transmission’ suggested by Vermulst, de Brock & van Zutphen (1991) in their discussion on the transmission of parenting practices. This theory combines elements of sociological and psychological approaches, which focus on the influences of social-cultural and historical factors, and the influence of developmental history, respectively. Psychological perspectives on parenting transmission have been criticised by Vermulst et al (1991) due to their tendency to view the process of transmission in absolute terms, disregarding the effects of social context. Conversely sociological perspectives place their emphasis on the uniqueness of each generation, pointing to the different trends in parenting associated with contemporary childcare ideas. The theory of relative transmission of parenting practices recognises the inter-relationship between these two factors in determining continuities and differences between generations.

The theory of relative transmission may be extrapolated to the exploration of other heritable factors. For example, continuities in mental health may be conceptualised using a comparable framework. A portion of the risk factors for mental adjustment may be explained in terms of genetics and factors associated with developmental circumstances, another portion may be attributed to the demands of particular life roles, being a mother or coping with the transition into retirement and grandparenthood. The nature of these roles may be seen to shift as a function of the expectations associated with the social climate of the times; now more than ever before mothers are expected to return to the workplace as well as rear their families. Trends have also shifted towards single parent families, with more women rearing their infants independently from the biological father. Both of these situational variables may be influential in shaping the stresses encountered by contemporary mothers.

In line with the theories of Vermulst et al (1991) an approach considering the relative transmission of attitudes and traits between grandmothers and mothers will be employed. Taking into account the following two components which influence the continuity of grandmother – mother attitudes and behaviours: (i) the differences between mothers and grandmothers as a function of their generation, including an exploration of the role differences between grandmothers and mothering; (ii) research documenting intergenerational continuities between grandmothers and mothers will be outlined. The theories accounting for the mechanisms of transmission will be explored with a distinction being drawn between current and historic influences. An analysis taking both intergenerational differences and continuities into account simultaneously is, however, beyond the scope of this study. Rather, independent analyses will be employed to explore these two research areas.

Finally the characteristics of the sample will be outlined, this was felt to be of significance due to the importance of situational context in understanding the meaning and impact of grandmother – mother relationships.

3.1. Intergenerational Differences

Within this section the literature reporting intergenerational differences between mother – grandmother parenting attitudes, mental health, and perceptions of both the level of grandmother involvement in childcare and conflict levels, will be outlined. This will be followed by an exploration of the possible factors which may be instrumental in determining intergenerational differences.

3.1.1. Intergenerational Differences in Childcare Attitudes.

The question as to whether grandmothers will hold more traditional child rearing attitudes than the mothers is important as there are a number of sources providing sometimes contradictory conclusions. For example, Chase-Lansdale, Brooks-Gunn & Zamsky (1994) did not identify any significant differences between mothers' and grandmothers' parenting practices on measures of disciplinary style, affect and problem solving. In contrast in their review of parenting studies from the 1950's – early 1980's Vermulst et al (1991) report that in general these studies demonstrate a societal shift towards more permissive child-centred parenting practices, with grandmothers being more authoritarian and conformist in their parenting attitudes than mothers. Alongside general trends in accepted childcare practices, there is also a pattern of continuity in childcare

practices across generations, with daughters of the least authoritarian and restrictive parents being the most egalitarian mothers (Cohler & Grunebaum, 1981; Gallagher, 1979; Staples & Smith, 1954). Thus it can be seen that an approach based on the relative transmission of parenting practices best explains these research findings. The findings reported by many studies exploring intergenerational continuities in parenting do not, however, fit neatly into this framework. This is not due to a limitation in the applicability of the framework, but because of the research approach employed by many grandparenting studies. For this reason the findings of studies exploring generational patterns of parenting will be presented first, followed by a review of intergenerational continuities and the transmission of parenting practices.

Findings from research exploring the parenting attitudes of British Muslim grandmothers and mothers demonstrates similar findings to those parenting studies carried out in the 1950's – early 1980's, suggesting that grandmothers do hold more traditional child rearing attitudes than mothers (Sonuga-Barke, Mistry & Qureshi, 1998). Whether it is valid to generalise the findings from cross-cultural studies suggesting that grandmothers are more traditional in their child rearing attitudes, to the current sample of English mothers and grandmothers, is however, questionable.

Research into grandparent – grandchild relationships within a small Polish sample of fifteen participants, highlighted contradictory reviews of grandparent childcare behaviours, as reported by grandchildren (Tyszkowa, 1991). Some grandchildren suggest that their grandparents are overprotective, cramping their style. Whilst others report that grandparents are overly liberal, allowing their behaviour to go unchecked, at times against the express wishes of the parents. This is highlighted as a potential cause of confusion to the grandchild and a cause of intergenerational conflict. The discrepant findings of this study probably reflect the reality of intergenerational patterns of childcare attitudes, in that they should not be expected to be homogenous.

Much research into grandmother – mother relationships has focussed on teenage samples. It is important to recognise the specific nature of these research findings as it would not be appropriate to generalise results to the broader population. The differences seen in teenage-mother – grandmother parenting attitudes are, nevertheless, of interest. Chase-Lansdale, Brooks-Gunn & Zamsky's (1994) study, which examined 103 impoverished African-American mothers who ranged in age from adolescence – early twenties and their grandmothers / grandmother substitutes, identified no significant differences between mothers' and grandmothers' parenting. Further analyses to determine

whether patterns of intergenerational relations differed as a function of maternal age, also failed to identify any intergenerational differences in parenting styles. Oyserman, Radin & Saltz's (1994) investigation into predictors of nurturant parenting in teen-mothers, found that grandmothers demonstrated marginally more nurturant parenting than their daughters, although no analyses were carried out to assess the significance of this trend. This trend is supported by Stevens' (1984) observational study which concluded that grandmothers were more responsive and less harsh toward infants than were their teenage-mother daughters. The findings from this study do, however, have to be treated with caution due to the small sample of (24) families.

The findings from a significant number of studies exploring the role of grandmother support within African American communities have also identified grandmothers as holding Authoritative or influential grandparenting styles, which involve high levels of support and / or parent like influence (Cherlin & Furstenberg, 1985; Burton, 1990; Hogan, Hao & Parish, 1990; Kivett, 1993; Pearson, Hunter, Ensminger & Kellam, 1990; Wilson, 1984; Wilson, Tolsen, Hinton, & Keirman, 1990).

One important factor which needs to be taken into consideration when exploring intergenerational differences in childcare attitudes, is the difference between *parenting* and *grandparenting*. It may be the case that as a parent the grandmother utilised more restrictive parenting practices than are subsequently employed by their daughters, yet this does not necessarily lead to grandmothers being more restrictive than the mother within their grandparenting role. For example a study by Tinsley & Parke (1987) exploring differences in low income African American grandparent – parent interaction styles with infants, did not find any qualitative intergenerational differences during episodes of play. In the case of some African American families this distinction between grandparenting and parenting may have become confused, probably as a function of the highly involved role of extended family in child rearing, thereby leading to the particularly authoritative or influential grandparenting style this particular group display.

In fact research supports the possibility that grandparents may be less restrictive than their daughters, as the grandparenting role is shown to be functionally different to that of a parent; with grandparents being free to adopt a role more akin to that of a playmate than a disciplinarian (Hansen & Jacob; 1987, Neugarten & Weinstein, 1964, Tinsley & Parke, 1984).

3.1.2. Intergenerational Differences in Mental Wellbeing

The transition into motherhood is a potentially difficult one for many women, as new challenges need to be met and many major lifestyle readjustments are necessary (Miller & Sollie, 1980). As such, even beyond the time when postnatal depression inflates the level of mental health problems seen in samples of new mothers (Puckering, 1989), the stresses of motherhood increase the risk of maternal mental ill health. This section aims to review the literature reporting the incidence of anxiety and depression found in grandmothers and mothers.

Above average levels of depression have been identified amongst young mothers (Boyd & Weissman, 1981; Puckering, 1989). The group at most risk are non-working mothers of pre-school children; findings indicate that this vulnerable group has depression rates reaching as high as 40% (Brown & Harris, 1978; Richman, Stevenson & Graham, 1982). Puckering (1989) suggests that a portion of this elevation in depression may be explained by the role changes associated with the transition to motherhood. Gavron's (1966) research also highlights the relationship between unrealistic role expectations and depression, proposing this as one mechanism explaining the higher levels of depression found amongst working class as opposed to middle class mothers. It is therefore arguable that mothers might be expected to present with higher levels of depression than those found amongst grandmothers due to the stresses associated with the transition to parenthood.

There is an absence of literature comparing generational mental wellbeing. Thus the research findings which illustrate the risks for grandmothers' mental adjustment will be discussed, providing a comparison with the literature describing the risks for new mothers.

The transition to grandmotherhood, and other role transitions which may occur around this time, for example retiring from the work place may, however, also represent a time of significant emotional stress for older women (Hansen & Jacobs, 1992). For example it might be the case, in view of the media-promoted youth ideal, that the entrance into grandmotherhood marks a time of identity crisis for women (Euler & Weitzel, 1995). This may well be the case in some early off-time role transitions (Hagestad & Burton, 1986). It would not, however, seem to be representative of the situation for the majority of women entering grandmotherhood as the first grandchild is usually received with pride and joy rather than loss (Fischer, 1983). The view of entrance into grandparenthood as a positive transition is supported by the findings of Neugarten & Weinstein (1964), who report that the majority of grandparents judge their lives to have changed for the better. Having a new

focus and something to look forward to were commonly mentioned themes, indicating that grandparenthood represents a positive role change.

The collision between new parents' needs and demands with grandparental requirements for support during potentially difficult life transitions such as retirement, is now particularly likely as many mothers are delaying having their first infant (Hansen & Jacob, 1992). Hansen and Jacob note that in this type of scenario the grandparents are those likely to suffer, as new parents are notoriously self involved during this transition period. Grandparents are therefore likely to be denied the support and understanding they need. This highlights the potential consequences of unfortunately timed, or mismatched, role transitions, with the possibility of increased emotional strain on both parents and grandparents. Thus it is arguable that the transition to grandmotherhood marks a time of increased risk of mental ill health for grandmothers as well as for mothers.

The risk for grandmothers is furthered by the often contradictory demands of new parents. For example, when interviewed before the birth of their first infants, many of the couples in Hansen & Jacob's (1992) study wished to remain uninterrupted at home with their new infant for at least a couple of weeks after the birth in order to settle in with their babies. New parents expressly said they wanted to adjust alone and did not wish for any extended family support / interference at this time. Yet at the six-month post-partum interviews, very many couples reported having called in a grandmother at short notice in response to a night or two of the babies crying. In fact contrary to expectations almost two-thirds of maternal grandmothers were present shortly after the infant's delivery. Thus it can be seen that the demands on grandmothers in terms of their understanding and practical assistance are great. Grandparents who are emotionally mature, having a clear memory of their own early parenthood, are often understanding. Responding sensitively to their offspring's alternating demands for support and rejection. These emotionally mature grandmothers, experience parental swings as stressful yet manageable, often growing in their own self-esteem as they help the new parents in their transition to parenthood (Hansen & Jacob, 1992). Yet it can be seen that the transition to grandmotherhood poses risks to individuals' mental wellbeing on a number of levels. A contention which is supported by the findings of Troll (1985), which suggest that when the grandparenting role does not turn out in the way they were expecting, grandparents may feel disappointed, deprived and distressed.

3.1.3. Intergenerational Differences in Perceptions of Grandmother Involvement and Conflict Levels

In general research studies suggest that women are reticent to engage in open conflict situations, experiencing more difficulty in expressing negative emotions than males (Wodak & Schulz, 1986). Very high estimates of overt intergenerational conflict may not therefore be expected. This suggestion is supported by the findings of Hagestad (1985) which identified the existence of specific discord avoidance strategies employed by grandmother – mother dyads, referred to as *demilitarised zones*. Research also indicates that older adults are significantly less likely to engage in overt conflict situations than are younger adults (Levensen, Carstensen & Gottesman, 1993, 1994; Fiefel & Strack, 1989; Quayhagen & Quayhagen, 1982). Thus grandmothers may be more reticent to engage in intergenerational conflict than their daughters.

Whether this is reflected in intergenerational differences in reports of conflict levels is a subtly different question, as within the current study mothers and grandmothers are being asked to comment upon the same events. Thus the question of how individuals perceive the quality of intergenerational relations is of interest.

Research studies have noted that parents tend to perceive intergenerational compatibility more favourably than do their offspring (Bengtson, Olander & Haddad, 1976; Hagestad, 1982; Troll & Bengtson, 1982), with older family members reporting lower levels of conflict than younger individuals, and making greater efforts to minimise intergenerational discord (Burton & Bengtson, 1995). It has been suggested that this is a function of the role investments of aging parents, with the term *developmental stake* being employed to describe these developmentally rooted differences between parent – adult offspring perceptions of intergenerational similarities (Bengtson & Kuypers, 1971). It is suggested that parents tend to view differences conservatively due to their investment in their offspring as symbols of their future. In contrast to their parents, offspring are more likely to emphasise intergenerational differences due to their desire for independence. The influence of the developmental stake may well interfere with the communication of negative feelings between grandmothers and mothers, with the perceptual biases of the dyad affecting their reports of discord. Fingerman (1995) goes onto suggest that parental refusal to understand their offspring's viewpoints, instead preferring to view offspring's attitudes as concordant with their own, may actually lead to relationship problems. This contention was supported by Fingerman's (1995) research findings, which confirmed that older mothers underestimate daughters' negative behaviours and feelings in conflict situations.

The transition into motherhood / grandmotherhood has been associated with mothers and daughters becoming increasingly involved with each other's lives, as they re-evaluate their roles and renegotiate patterns of contact and support (Fischer, 1981). One influential factor in the re-negotiation of interaction patterns is the need for grandmothers to establish levels of involvement which do not encroach upon maternal desires for independence (Hansen & Jacob, 1992). The importance of this is exemplified by Cherlin & Furstenberg's 1998 finding that the best intergenerational relationships are those in which the grandmother is prepared to provide assistance and emotional support while recognising parental needs for autonomy and independence. Thus it can be seen that over involvement may be viewed negatively by mothers, possibly leading to grandmothers employing a policy of under-involvement.

Evidence from Kornhaber and Woodward's (1981) study suggests that the majority of mothers do decide the levels of grandparent contact their children may experience, and that this decision is often based on what the mother considers to be best for her own needs to the exclusion of either the grandparent's or grandchild's best interests. This decision is often based on the history between the mother and grandparent, and as such the history of their relationship can be seen to shape the current pattern of three generational interactions. The new mother's desire for independence has also been identified as important in shaping the nature of the 'new social contract' (Kornhaber, 1985). When this is considered alongside the findings of Hansen and Jacob (1992) and Cherlin and Furstenberg (1998) it may be seen that current social trends do value the individual importance of independence over the need for cohesive family relationships; as such grandparents need to be especially sensitive in negotiating their active role within the extended family.

Kornhaber (1985) has been vocal in regard to the level of grandparent involvement in the lives of their grandchildren. In his view there has been a recent re-negotiation of grandparent – parent – offspring relationships, in which 'new social contracts' have been drawn up. These new social contracts (which he views as being rooted in the decentralisation of families during the great depression) assume that parents can and should decide, whether and to what extent grandparents should nurture their grandchildren. This has resulted in a new trend in dysfunctional grandparent – grandchild relationships, in which there is a lack of vital cross-generational connectedness. The move away from the 'natural family arrangement', in which children are reared within a three generational system enjoying long lasting emotional attachments across all generations, is viewed as dysfunctional due to the detrimental effects on grandparents and grandchildren. The

existence of this new trend in family ties, as managed by parents, may suggest that mothers will perceive levels of grandmother involvement to be higher than do grandmothers. This trend may also suggest that many mothers would ideally like the grandmother to provide very low levels of support, only playing a minimal role in the nurturing of their grandchildren.

There is a lack of relevant findings in the literature documenting intergenerational differences in perceived levels of grandmother involvement (beyond those already outlined), on which to base predictions as to how the current sample of grandmothers and mothers will perceive their relationships. Further discussion relating to the prediction of differences in perceived levels of involvement will therefore be limited to a theoretical exploration.

3.1.4. Associations between Grandmothers' and Mothers' reports of Intergenerational Conflict and Involvement in Childcare

The presence of associations between grandmother – mother reports of conflict and grandmaternal involvement in childcare did not represent intergenerational continuities in the way that measures of child rearing attitudes and mental health did. The measures of conflict and involvement require dyads to comment on the same events, thus the correlation between grandmother – mother responses on these two measures actually provides an additional insight into the influence of role differences and investments. For example, an absence of correlation between mother – grandmother reports of conflict may suggest that the role related pressures are so great that individuals perceive events completely differently. Therefore the associations in mother – grandmother reports, on these two measures, will be presented alongside the intergenerational differences.

There were, however, more important reasons for assessing associations in reports of conflict and involvement. One of the main contentions of this research study relates to the importance of tailored grandmaternal responses to parental needs. If grandmothers cannot accurately predict the levels of involvement desired by their daughters then they will be unable to successfully tailor their support. Thus the impact of developmental role investments on grandmaternal involvement may be seen to have important consequences for the quality of grandmother – mother relationships. This point has also been made by Fingerman (1996), in relation to the consequences of the developmental stake on intergenerational conflict.

3.1.5. Factors Influencing Intergenerational Differences

It is possible to view the mechanisms accounting for the generational differences seen between mothers and grandmothers in two main ways. (i) The role of societal shifts in attitudes can be viewed as an important factor determining generational differences in attitudes towards, for example, parenting attitudes. (ii) The differing roles played by mothers and grandmothers may be seen to shape many of the differences reported in mothers' and grandmothers' behaviours / experiences.

3.1.5.1. Societal Shifts in Opinions

Two obvious examples of attitudes towards parenting or parenting advice which have undergone shifts in opinion are those regarding babies' crying and babies' sleeping positions. The behaviourists' theories of reinforcement, (eg Watson, 1913; Skinner, 1938) have influenced the accepted wisdom in the past, with parents being advised to ignore babies crying in order to avoid reinforcing undesirable crying behaviour. In contrast to this the advice now given to mothers is influenced by attachment theories, (eg. Bowlby, 1988; Ainsworth, 1985) with sensitive responsiveness to a baby's needs being the preferred parenting practice. The research and public concern regarding the prevention of cot deaths has also been instrumental in shaping the advice given to mothers regarding the way in which they should put their infants to sleep. With a shift occurring from placing infants on their fronts to sleep to putting them on their backs. There are also very clear shifts in opinion as to how older children should be parented, with previously accepted disciplinary practices, such as smacking, now being the subject of public debate regarding the legality and morality of employing physical punishments. Instead parents are now encouraged to reason with their children, attempting to facilitate child driven behavioural management rather than using external pressures to curb their behaviours.

Thus it can be seen that societal attitudes may be instrumental in shaping the parenting behaviours of mothers, thereby leading to generational differences in child rearing attitudes.

Such societal shifts in opinion also have explanatory value in determining differences between grandmothers' and mothers' self-reported parenting attitudes and their perceptions of the others' views. For example, mothers are likely to base their views of the grandmothers' attitudes at least partially on their personal experience of the grandmother's parenting. This perspective of the grandmother's attitudes may have been moderated by the effects of intermediary shifts in societal attitude, which may compromise the accuracy of maternal views. So although the mother's view of grandmaternal views may become

moderated overtime by observing grandmother – grandchild interactions, there are likely to be discrepancies between mothers' perceptions of the grandmothers' attitudes and the grandmothers' self reports. Therefore alongside an examination of the general trends in parenting practices subscribed to by contemporary mothers and comparing these with the grandparenting views of the grandmothers, it was felt that the discrepancy between mother's / grandmother's parenting views and their estimations of the other's viewpoints would provide valuable comparisons. For, if it were the case that societal attitudes have shifted toward more nurturant, autonomy granting child centred parenting practices, then mothers may be expected to view grandmothers as more authoritarian than themselves.

Mothers' and grandmothers' mental health may also be affected by societal shifts in opinion regarding the appropriate role of women. As noted at the beginning of this chapter, trends have shifted towards single parent families as well as women remaining in the workplace after the birth of their infants. Although these two situations may be viewed as increasing the short-term stresses encountered by mothers, it may be that an acceptance of relationship dissolution when marriages are dissatisfactory is actually beneficial to the long-term wellbeing of women. It is also possible that the acceptance of women as equals in the workplace facilitates greater personal satisfaction and esteem in mothers, who may have otherwise failed to fulfil their aspirations and potential. Conversely, it is equally plausible that some women who would have preferred to play a full-time mothering role do not feel able to do so in the current work orientated climate. Thus it can be seen that societal shifts in opinions may be instrumental in shaping the pressures and stresses associated with women's roles, although the precise impact of all these factors are not known. Research into the negative effects of stress on mothers' mental wellbeing (Brown & Harris, 1978) does, however, suggest that the pressures of single parenthood may be detrimental to women's immediate mental health.

Another societal shift in accepted practices is for adolescent mothers to keep and rear infants themselves. In this case the literature does demonstrate some of the long-term negative consequences, for both mothers and infants, associated with this trend. Research has found that teenage motherhood is detrimental to the mothers' mental wellbeing, future educational prospects and standard of living. Teenage motherhood has also been associated with damage to infants' cognitive and emotional wellbeing (Brooks-Gunn & Chase-Lansdale, 1991; Brooks – Gunn & Fustenberg, 1986; Chase-Lansdale & Brooks-Gunn (1994); Chase-Lansdale, Brooks-Gunn & Paikoff, 1991; Cooley & Unger, 1991; Furstenberg, Brooks-Gunn & Chase-Lansdale, 1989; Huston, 1991; Moore & Snyder, 1991;

Osofsky, Hann & Peebles, 1994).

The shift towards mothers now remaining in full or part-time employment whilst their children are of pre-school age, may also have an effect on mothers' and grandmothers' perceptions of ideal levels of grandmaternal involvement. It is now relatively common for grandmothers to take on a childcare role thereby circumventing the requirement for paid child minding. Generational attitude differences may, however, be a source of friction in this area, with grandmothers feeling that their daughters should be at home with their children. There is also the potential for grandmaternal resentment at having to remain at home with small children at a time in their lives when they expected to be enjoying freedom from such responsibilities. In this way generational attitude differences have the potential to cause discrepancies in mother / grandmother perceptions of appropriate grandmaternal support. Thus it may be that grandmothers underestimate the level of involvement mothers would ideally like to receive and / or provide lower than ideal levels of support and advice to their daughters. This possibility is, however, entirely speculative and does not take into consideration a number of other influential factors.

It is also possible that discrepancies between grandmothers' and mothers' estimates of the appropriate level of grandmother involvement may be associated with intergenerational discord (this possibility will be explored in chapter four).

3.1.5.2. The Differences between Mothering and Grandmothering Roles

The differing roles played by mothers and grandmothers may be seen to shape much of the variance reported in mothers' and grandmothers' behaviours / experiences. For example, the role shifts associated with the transition to motherhood are extremely stressful, requiring dramatic emotional and social readjustment (Puckering, 1989; Brazelton, 1988). Thus it is arguable that the transition to motherhood involves more extreme life changes than those associated with the shift to grandmotherhood. It is, therefore, conceivable that higher levels of mental health problems will be found amongst mothers than grandmothers. It is also arguable that the demands of the mothering role are more stressful than those faced as a grandmother, furthering the chances of higher maternal than grandmaternal anxiety and depression. This does not, of course, rule out the possibilities of other external factors beyond the scope of the immediate grandmother – mother relationship placing extreme demands on either party. For example the increased longevity of Westerners, now means that alongside the demands of grandmaternal duties many women also find themselves caring for ailing elderly parents.

Role differences between motherhood and grandmotherhood may also be seen to affect parenting attitudes; with the playmate / confidant role of grandmothers resulting in their reporting less traditional child rearing attitudes than they might if they were asked to report their parenting attitudes (Neugarten & Weinstein, 1964). It is, therefore, important to recognise the difference between asking participants to retrospectively report their parenting as opposed to reporting their grandparenting attitudes. This study focuses on the role of grandparenting, which may result in less restrictive attitudes being reported by grandmothers.

It is arguable that role distinction may have become muddled in the case of the grandmothers who provide support for American teenage mothers; a group who have made up the research sample for a considerable proportion of grandparenting studies. These grandmothers do tend to take on a more responsible parenting role than is associated with infants of more mature mothers, which result in these grandmothers expressing more traditional child rearing attitudes.

The role division between mothering and grandmothering may be instrumental in determining discrepancies between mothers' views of the grandmothers' child rearing attitudes and the grandmothers' self reported attitudes, because mothers are less likely to recognise this role difference than are grandmothers. When this is considered in conjunction with discrepancies in mother / grandmother views due to maternal perspectives being based on outdated experiences of the grandmother's parenting practices, it seems probable that mothers will hold inaccurate views of grandmaternal attitudes.

There are no suitable measures of perceived parenting attitudes (perceived grandparenting attitudes) within the literature on which to make direct predictions / comparisons with our sample. It may, however, be theorised that mothers will view grandmothers' opinions as being more traditional than their own views due to their first hand experiences of the grandmothers' parenting. It would seem probable that mothers will base their perceptions of the grandparents' attitudes, in part, on the parenting they received from the grandmother during their childhood years. This may be predicted to have a two-fold effect, resulting in an overestimation of the grandmother's conservatism. (i) Ratings may be partially based on parenting rather than grandparenting attitudes. (ii) Ratings may not reflect the impact of modern parenting practices on the childcare attitudes now subscribed to by the grandmother.

Discussions will not attempt to disentangle these two issues, as the data collected does not permit such distinctions to be made. Rather, the differences between grandmothers and

mothers will focus both on role investments and societal shifts in opinion alongside one another.

3.1.5.3. The Developmental Stake - The Influence of Role Investments on Intergenerational Differences

The ratings of mothers' parenting practices as perceived by the grandmother are similarly absent from the literature as are the grandmothers' ratings as perceived by mothers. It would seem probable that mothers' own self assessments and those estimated by the grandmothers would be fairly similar, as the mothers' 'current' interactions with their infants provide the most obvious foundation for grandmothers' ratings. The literature relating to ageing and parent – child relationships, also draws attention to a factor which may be of influence in this situation. Findings have indicated that ageing parents tend to underestimate the differences between themselves and their offspring, due to an integral link between the nature of the parent – child relationship and perceptions of similarity, described as '*Developmental Stake*' (Bengtson & Kuypers 1971; Sussman, 1985). This theory describes the tendency of parents to view offspring as representative of their continuity in the future, thus to view them as being similar is preferable to the parent. This tendency is thought to strengthen as parents age, viewing their own existence as increasingly fragile. It is, therefore, probable that differences between grandmothers self ratings of their own parenting practices and their perceptions of maternal parenting practices will be similar.

In contrast to this the theory of developmental stake suggests that mothers will overestimate intergenerational differences in the dyads parenting styles. As unlike aging parents whose interests are in intergenerational continuities, their offspring are thought to be motivated by a need to make their own original mark on the world. Thus the contrasting agendas of grandmothers and mothers suggests that maternal estimates of intergenerational differences will exceed of those of grandmothers.

The theory of Developmental Stake may also be applied to intergenerational perceptions of conflict (Fingerman, 1995). Theoretically it may be predicted that grandmothers will underestimate levels of discord with their daughters, whilst daughters will overestimate conflict levels; as with differences in parenting attitudes this reflects their needs for intergenerational continuity and differentiation respectively.

One research finding which may be related to grandparental desires for continuation through their progeny (Leek & Smith, 1991) is the employment of demilitarised zones (Hagestad, 1985). In an effort to minimise intergenerational conflict many grandparents

report an avoidance of contentious topics. This tendency may be compounded by the fact that mothers mediate the level of contact between grandchildren and grandparents (Cherlin & Furstenberg, 1986), thus increasing the pressure on grandmothers to maintain harmonious intergenerational relationships. The possibility of limited contact with grandchildren, or at worst estrangement, may be of significance to grandmothers on two levels. Firstly on a conscious level, women are likely to desire interactions with their grandbabies (Sticker, 1991), wanting to experience the joys of grandmotherhood alongside their contemporaries (Burton, 1996). Secondly, there may be a subconscious need for an intergenerational continuity of the family-line, from both a biological perspective and a need to pass on experiences to a third generation, in order to feel secure with the prospect of mortality (Neugarten & Weinstein, 1964; Leek & Smith, 1991).

A side effect of grandmaternal desires to avoid intergenerational discord may be that grandmothers are reticent to proffer high levels of childcare advice. This may be compounded if mothers were especially contrary in the level of grandmother involvement they desired during their transition to motherhood, at times having rejected grandmaternal offers of assistance regarding them as interference.

An alternative influence over reports of open conflict is social desirability. With mothers being more reticent to report high levels of conflict with the grandmother than they were to report differences in child rearing attitudes, due to the negative connotations associated with conflictual relationships. It will not be possible to decipher the influence of these factors based on the data collected, however, if reports of expressed disagreement are considerably lower than those calculated using the derived measures, issues of social desirability may provide an explanation.

Hansen & Jacob (1992) in their discussion of role transitions, also highlight the importance of independence vs. dependence in understanding the behaviours of both parents and grandparents. The transition into parenthood provides mothers with the opportunity to rework earlier developmental issues, for example avoiding the mistakes made by parents, perhaps by providing their children with the perfect love denied to them. This may result in an initial rejection of grandparental input: which may or may not be later accepted when the challenges of parenthood become apparent. Thus the transition to parenthood has been identified as a time of confusion for parents, with their behaviour undulating between demands for support and rejection over perceived interference. This tension between dependence and a striving for intergenerational independence may provide an explanation for the degree of difference in parenting attitudes reported by mothers, as well as levels of

intergenerational disagreement as mothers may exaggerate differences in order to establish their individuality. Within dyads where parents whose ideals and demands for support are unstable, there are likely to be discrepancies in intergenerational perceptions of the level of required grandmaternal involvement, thus illustrating one possible route through which the tailoring of grandmother involvement may be especially difficult. The impact of confusion and uncertainties in the need for intergenerational support on the both mothers' and grandmothers' mental wellbeing is not clear; it does however, present an additional source of stress at this time of transition.

One finding which is not as compatible with the theory of developmental stake is that grandmothers have also reported tensions between dependence and independence. Some grandmothers express a feeling of conflict, between wanting to be needed and anxiety about being burdened or even exploited by new parents (Hansen & Jacob, 1992): two issues which may be regarded as parallel to the developmental issues reported by mothers, but which do not fit in with the theme of developmental continuity. This may be explained by the young age of a proportion of Hansen and Jacob's sample, some of whom were still in their forties. A proportion of these grandmothers may have regarded the role transition as being early, and as such were not welcoming of the demands associated with their new role. Thus it may be important to take the age of grandmothers into account when explaining intergenerational differences.

3.1.6. Intergenerational Differences - Summary of Predictions

Before summarising the intergenerational differences predicted by research findings and theory, it should first be noted that all analyses employed were two tailed. This was due to a culmination of factors resulting in the predictions being of a tentative nature. For example, the sample of grandmother – mother dyads investigated in this study were not necessarily comparable to those employed by previous research studies, many of which have been carried out in America or have focussed on specific ethnic groups. It is also the case that some of the factors discussed may have contradictory effects on participants, for example theories relating to societal shifts in parenting would suggest that grandmothers hold more authoritarian and restrictive parenting attitudes than mothers. The literature exploring intergenerational role differences, would not however, suggest this to be the case.

Past studies which have explored intergenerational differences in child rearing attitudes have found contradictory results (Chase-Lansdale and Brooks-Gunn, 1994; Cohler & Grunebaum, 1981; Gallagher, 1979; Oyserman et al, 1994; Souga-Barke et al 1998; Staples

& Smith, 1954; and Stevens, 1984; Tinsley & Parke, 1987), probably as a function of the sample characteristics (including the year in which studies took place) and the measures employed. There is not firm evidence to suggest that grandmothers' childcare attitudes will differ significantly to those of mothers. The influences theoretically predicted to shape grandmaternal childcare beliefs do, however, suggest that grandparenting attitudes may be characterised by more permissive attitudes than were their parenting attitudes. Therefore, mothers may rate grandmothers as holding more authoritarian childcare attitudes than their own due to the historical influences of the grandmothers' parenting.

Theories relating to developmental role investments when applied to intergenerational differences in childcare practices, suggest that mothers are likely to report greater discrepancies in intergenerational child rearing attitudes than grandmothers (Bengston & Kuypers, 1971; Fingerman, 1996; Hansen & Jacob, 1992). This same literature would also suggest that grandmothers will report significantly lower levels of expressed intergenerational discord over child rearing issues than mothers.

The literature outlines the stresses of role transitions and their associated role investments, two factors which may lead to increased risk of mental health for both mothers and grandmothers. Although, in the absence of additional stressors (to which both generations are vulnerable), mothers are arguably at the greatest risk due to the extreme changes associated with the transition to motherhood.

The findings of Hansen and Jacob (1992) identified the counter transition to grandmotherhood as a difficult time for grandmothers, as they are often faced with a difficult balancing act between offering assistance and avoiding confrontations regarding interference. The literature relating to developmental stake (Fingerman, 1996) and demilitarised zones (Hagestad, 1985) may also suggest that grandmothers are conservative in their offers of advice and support, preferring to under-support rather than over-support their daughters. Grandmothers may therefore report lower estimations of actual, expected and ideal levels of intergenerational involvement than mothers.

This same literature regarding role differences and particularly role investments suggests that continuities in dyads' reports of conflict levels may be low. This is because the influence of the developmental stake is thought to place *opposing* pressures on mothers and grandmothers, with independence and continuity characterising their respective perceptions. Although grandmothers might be expected to perceive more levels of grandmaternal involvement in childcare more modestly than mothers, there are not opposing influences affecting the dyad's perceptions. Therefore, positive correlations

would be predicted between grandmother – mother reports of grandmaternal involvement in childcare.

3.2. Intergenerational Continuities between Grandmothers and Mothers

There is a significant body of literature documenting intergenerational continuities between parents and their offspring, with the growing field of behavioural genetics progressively widening the scope of behaviours thought to have a heritable component. Alongside the now firmly acknowledged influence of genetic inheritance in determining familial trends, parenting behaviours alongside environmental factors common to both generations are of undisputed significance in determining intergenerational continuities. The findings from past research exploring patterns of intergenerational continuities from both genetic and environmental perspectives will now be outlined. Grandmother – mother continuities in parenting attitudes, mental wellbeing, reports of intergenerational conflict and involvement will all be discussed.

3.2.1. Intergenerational Continuities in Parenting.

Current studies investigating intergenerational continuities in parenting characteristics have demonstrated positive correlations between grandmother's and mother's nurturance and restrictiveness. For example, the findings of Olsen, Martin & Halverson, (1999) demonstrate intergenerational continuities in parenting practices, although in this case the relationship was attenuated by marital and personality variables.

Research has highlighted some gender differences, which are of particular significance to the grandmother – mother relationship and the continuation of parenting practices across generations. Simons et al (1991) found that severe grandmother discipline (as opposed to severe grandfather discipline), was associated with mothers' harsh parenting practices regardless of their infants' gender. Grandmother discipline was associated with father-son harsh parenting, but not with father-daughter parenting practices. This trend can be explained by the more prominent role mothers play in childcare, resulting in the inheritance of parenting scripts from the grandmother, rather than the grandfather.

Another gender difference identified by Simons' et al (1991) study, indicated that the transmission of parenting behaviours between two generations, was much stronger for women, than for men. This may again be explained by the secondary supportive parenting role played by fathers within western culture, resulting in daughters rather than sons being socialised in the parenting role. Thus the continuation of parenting practices is more

notable between grandmothers and mothers, than between grandfathers, or grandmothers, and fathers. The strong pattern of intergenerational continuities between mother and Maternal Grandmothers is clearly of interest to this study.

Chase-Lansdale et al (1994) also identified some significant intergenerational associations between mother – grandmother parenting practices, although their findings suggest that continuities may be more dominant in negative than positive parenting behaviours. For example, Negative Affect and Authoritarian Parenting showed patterns of intergenerational continuity, and correlations were found between high grandmother Negative Affect and Low maternal Supportive Presence. When analyses were completed independently for adolescent and older mothers, the results indicated that continuities in negative parenting practices were stronger for teenage mothers. Chase-Lansdale et al also investigated the impact of co-residence on the continuity of parenting practices, as it was felt that concordance in parenting style would be higher for cohabiting dyads. The same pattern of intergenerational associations between negative parenting practices was identified for the co-residing sub-sample, with the addition of a contradictory correlation. When grandmothers were Permissive, mothers were Authoritarian, it is plausible that this reflects the differing roles of grandmothers and mothers, as discussed in section 3.1.4.2. (this association was not present between non co-residing dyads). Interestingly, increased associations were found between positive parenting practices for mother – grandmother dyads living independently. It may be that mothers whose early experience of cohabiting with the grandmothers were positive, results in their modelling parenting practices on those of the grandmother, leading to them becoming more capable mothers who then choose to live independently with their infants. It is, however, important to note the specific nature of Chase-Lansdale et al's (1994) sample, which constituted of impoverished African American mothers, when considering the generalisability of their findings.

There are a number of significant research findings demonstrating indirect routes via which parenting practices may be continued. A clear relationship has been demonstrated in the literature between socioeconomic status (SES) and the parenting behaviours and attitudes of 'normal' non-abusive families (Fox, et al, 1995; Kohn, 1963, 1976; Vermulst et al, 1991). Low SES is associated with parenting characterised by restrictive behaviours, with parents imposing high levels of external rules in order to control child behaviour. Conversely high SES is related to authoritative parenting practices, with parents encouraging children to take responsibility of their own actions.

Simons, et al (1991) have also highlighted the importance of SES in influencing the

continuation of harsh parenting practices across generations. This is supported by the findings of Bronfenbrenner (1977) and Garbarino (1976) who have identified associations between low SES and child maltreatment; suggesting that the stability of SES across generations may in part explain continuities in parenting practices due to the stresses associated with social status.

One of the most interesting, and arguably significant, intergenerational continuities in parenting, is the age at which women enter motherhood (Baldwin & Cain, 1980; Burton, 1990). The parenting problems encountered by teenage mothers have been well documented (Wakschlag, Chase-Lansdale & Brooks-Gunn, 1996). In light of this, the fact that over half of America's teenage mothers are children of teen mothers themselves demonstrates a powerful mechanism through which continuities in parenting may occur (Loma, Van-Cleve & Levisen, 1998).

Research into harsh parenting practices provides an important source of findings exploring intergenerational continuities in parenting attitudes. Research carried out during the 1960's and 1970's reported a strong association between employing abusive parenting practices and having experienced maltreatment during childhood (Kempe, Silverman, Steele, Droegmueller & Silver, 1962; Galdston, 1965; Fontana, 1968; Silver, Dublin & Lourie, 1969; Green, Gaines & Sandgrund, 1974). The validity of these studies is, however, questionable due to their reliance upon clinical samples and case study investigations as well as their failure to employ appropriate comparison groups. In most instances the validity of the studies was further compromised by the observers (or interviewers) being aware of the clients' abuse status and the hypotheses being investigated. Subsequent studies, which addressed these methodological problems, have found more modest intergenerational associations between having experienced harsh parenting during childhood and current parenting practices (Hunter & Kilstrom, 1979; Straus, 1983; Herrenkohl, Herrenkohl & Toedter, 1983; Egeland, Jacobvitz & Papatola, 1987).

3.2.2. Intergenerational Continuities in Mental Wellbeing

There is not a comprehensive literature reporting intergenerational continuities in grandmother – mother mental health, instead the literature review will have to be extended to parent – offspring relationships in order to explore the transmission of depression and anxiety.

It is generally accepted that an individual's susceptibility to mood disorders has a heritable component, according to Weissman (1987) people with first-degree relatives who

have a mood disorder are ten times more likely to develop one than individuals with unaffected first degree relatives. The tendency to develop bipolar disorders appears to comprise of a major heritable component, with a 72 percent concordance rate being found between mono-zygotic MZ twins, with only a fourteen percent concordance rate between di-zygotic DZ twins (Allen, 1976). The concordance rates found between MZ and DZ twins suffering from unipolar depression is far lower, being 40 percent and eleven percent respectively (Allen, 1976). These findings suggest that depressive episodes which are likely to be reactive or state periods of depression, do not hold as strong a heritable component as trait depression and that the genetic factors are likely to be different for the two disorders. One limitation of Allen's (1976) research was that it did not take into account shared environmental factors, which are likely to be more similar for MZ than for DZ twins. More recent studies have, however, found that adopted children who later develop a mood disorder appear to be much more likely to have a biological parent who has a mood disorder (Wender, Kety, Rosenthal, Schulsinger, Ortmann & Lunde, 1986). Bierut, Heath, Bucholz, Dinwiddie, Madden, Stratham, Dunne & Martin's (1999) research is supportive of the heritability of depression, finding that amongst women there is a modest aggregation of depression within families (between 36% - 45% depending upon the definition of depression used), with genetic factors being identified as the primary influence. Bierut et al (1999) did not find a similar pattern of familial continuity amongst their male participants. This is of significance not least because unipolar depression is more prevalent in women than in men, with females being two to three times more likely to become clinically depressed than males (Williams & Hargreaves, 1995). The susceptibility of women to depression is of particular interest due to the current studies focus on female family lineage, especially in light of the far reaching negative affects of maternal depression on infants (see section 3.2.1. & chapter five).

Anxiety disorders have also been found to run in families, with around 40 percent of first-degree relatives of panic disorder sufferers have a disorder themselves (Balon et al, 1989), and approximately fifteen percent of parents and siblings of people who have anxiety disorders being similarly affected (Carey & Gottesman, 1981). The relative influences of environmental and genetic factors were not determined by Carey & Gottesman's study, however Torgensen's (1983) twin study found that an MZ twin was three times more likely more likely to suffer from panic attacks if the other twin does, than are DZ twins. Higher concordance rates were also found in MZ than in DZ twins by Slater & Shields (1969), thereby suggesting that genetic factors play a significant role in determining susceptibility

to anxiety, alongside environmental influences.

The heritability of state anxiety and depression is less clear cut than trait anxiety and depression, however, research does suggest that personality dispositions which increase the risk of suffering from state anxiety and depression have a genetic component. Stein, Jang & Livesley's (1999) investigation into familial predisposition to panic disorders, suggests that anxiety sensitivity may have a heritable component. It was found that the additive effects of genetic inheritance and unique environmental factors together constitute the primary influences shaping an individual's predisposition to anxiety. Research carried out by Whitbeck, Hoyt, Simons, Conger, Elder, Lorenz & Huck (1992) also identified the importance of personality traits in determining intergenerational patterns of depressed affect. It is suggested that intergenerational cycles of depressed affect are determined at least in part by the influence of parental personality traits on parent - infant interactional style, which in turn influences the propensity for developmental problems. In particular parental rejection of offspring was identified as instrumental in the transmission of depressed mood.

There has been a modest amount of research carried out investigating the heritability of anxiety in children, with findings indicating similar patterns of heritability to those demonstrated with adults (Eley & Stevenson, 1999). There have been conflicting findings regarding the factors explaining intergenerational continuities in anxiety, with Thapar & McGuffin (1995) finding that adolescent self-reported trait anxiety can be best explained by shared environmental factors: whilst Topolski (1997) suggests that genetic factors are integral. Legrand, McGue & Iacono's (1999) study into the heritability of state anxiety in children, found a 45% heritability rate in line with Topolski's conclusions; they did however, identify the importance of environmental factors in explaining the variance in intergenerational continuities.

As was noted in section 1.1.4.1. mothers who become parents during their teens are more likely to have had adolescent mothers themselves (Baldwin & Cain, 1980; Burton, 1990; Herman, van Cleve & Levinsen, 1998). This is of significance in terms of explaining intergenerational patterns of depression, as early off-time transitions to motherhood have been identified as a risk factor for mental wellbeing (Thompson & Peebles-Wilkins, 1992). Adolescent mothers may be at additional risk due to the increase in rapid repeat pregnancies seen in this group, potentially compounding mental health problems due to additional stress (Gillmore, Lewis, Lohr, Spencer & White, 1997).

Thus it can be seen that both anxiety and depression follow intergenerational patterns of

continuity, with both environmental and genetic influences contributing to these continuities.

3.2.3. Factors Influencing Intergenerational Continuities

The mechanisms shaping intergenerational continuities are numerous yet they can, somewhat simplistically, be roughly broken into those which are current and those which are historic.

For example the routes through which grandmothers' parenting beliefs and practices can be transmitted to their daughters may be broken down along two dimensions. First, whether the influence be current, perhaps in the form of advice giving or social participation, or historic for example, through the impact of the dyad's attachment relationship on the mother's later interaction style. Second, these influences may be divided into those which are direct / overt in nature, advice giving or childcare assistance for example, and those which are indirect of which attachment history or current support which is not child related would be examples.

The influence of current grandmother – mother relations on parenting behaviours is relatively straightforward, whereas the historic impact of mothering experienced during childhood may be less obvious, influencing a mother's current parenting behaviour in a number of ways. For example, mothers may subconsciously model their parenting style on the mothering they experienced as a child. Alternatively the influence may be indirect, via the effect that mothers' childhood experiences have on their personality and psychological functioning. The socioeconomic climate in which the mother was reared, and is subsequently still likely to belong to, also plays a role in maintaining patterns of parenting behaviour, adjustment and wellbeing (Simons et al, 1991). Through these mediating variables the parenting capabilities and practices of the grandmother can be seen to pass to the mother.

These same dimensions can be utilised in exploring the routes through which intergenerational relations may impact on a mother's mental wellbeing. For example, historic factors may relate to an individual's developmental experience in terms of the home environment she provides her infant as a function of subsequent SES, where an example of a current influence would be the level of childcare support provided by the grandmother.

This section aims to explore some of the specific mechanisms which mediate the continuities between grandmothers and mothers, breaking them down along the dimensions of Historic / Current influences and Direct / Indirect influences. This does not, however,

mean that their effects can be understood in isolation. For example, the quality of the grandmother – mother relationship during infancy will have shaped the mothers' personality and has a current role in affecting the way in which current grandmother involvement is received.

3.2.3.1. Historic Influences - The Continuity of Intergenerational Patterns.

The most obvious route through which historic factors may impact on intergenerational continuities is via the direct effect of genetic inheritance. An in-depth discussion of genetic mechanisms is, however, beyond the scope of this study. Instead the focus will be concentrated on environmental factors.

One theory applicable to the intergenerational continuity of parenting styles is social learning theory (Bandura, 1977). This advocates the process of modelling as the means through which behavioural practices are passed between generations. It is suggested that children remember the parenting practices employed by their own mothers and fathers, and use them as a basis on which to model their own parenting behaviours. This can take effect through the following routes. Modelling may occur in a direct reflexive manner, whereby the parent subconsciously employs the same parenting strategies used by their parents. Alternatively the influence may be more conscious, via the construction of parenting beliefs and strategies based on an individual's previous parenting experience.

The transmission of harsh parenting practices across generations exemplifies how continuities in parenting practices can be explored using this framework, with patterns of punitive parenting being continued through the following routes. Parents may employ similar disciplinary parenting strategies to their parents without considering their appropriateness. Conversely, they may use their experience of parenting on which to found an organised, often physical, strict disciplinary program, which is viewed as necessary and in many cases desirable, (Bandura, 1977, Simons et al, 1991). Thus mothers who experience a harsh parenting regime at the hands of the grandmother, may well go on to consciously, or unconsciously, repeat this pattern with their own children.

Alternatively the experience of harsh parenting during childhood may influence parenting behaviour indirectly through the shaping of the mothers' beliefs; resulting in a parenting ideology which features a belief that harsh, coercive parenting behaviours are acceptable and the norm. The mother is thus prevented from questioning the validity of her own punitive parenting behaviours (Straus, Gelles, & Steinmetz, 1980, cited by Simons, et al, 1991). This possible explanation seems reasonable, as most parents are likely to have an

only superficial understanding of parenting practices in families other than their own, resulting in the false assumption that such severe parenting strategies are the norm.

The mothering experienced during childhood is known to shape personality characteristics and later interactional style (Hops, 1995; Maccoby, 1990), and personality characteristics are known to influence parenting behaviour (Martin, 1989, Dix 1991). Interactional style may reflect the mechanism through which hostile parenting practices are transmitted across generations: Simons et al (1991) suggest that an alternative route through which harsh parenting is continued is via a general aggressive approach to social interactions as opposed to through specific parenting beliefs. The fact that hostile, explosive and aggressive parenting has been linked with aggressive interaction styles in offspring suggests that this is a likely mechanism for the transmission of punitive parenting practices; as hostile interaction styles places the next generation at risk of repeating a harsh parenting cycle, (Simons et al, 1991).

An alternative theory which is important when considering the intergenerational transmission of parenting practices and relationship styles, is attachment theory (Bowlby, 1988). Attachment theory identifies primary carer 'sensitive responsiveness' to an infant's needs, as being integral for healthy social and cognitive development. This is thought to occur through the formation of 'internal working models'¹ of the attachment relationship and of 'self'². Once formed, working models of attachment figures and self tend to operate outside conscious awareness; for this reason they tend to remain stable across time (Bowlby, 1980). These working models of early attachment experiences with primary carers are thought to impact upon an adult's later self concept and their future ability to form trusting, caring, empathic relationships (Bowlby, 1980; Cassidy; Hazen & Shaver, 1994). It is often the case therefore, that the type of relationship style an individual experienced with their own carers impacts upon the attachment bond they later form with their children. Attachment theory can thus provide a possible mechanism through which intergenerational similarities in interaction style and parenting practices are transmitted.

The modelling of behaviours and coping strategies on those employed by parents is of explanatory value when discussing intergenerational continuities in mental adjustment. For example children of depressive mothers may model some of their interaction styles on those of their depressed mothers (Rutter, 1966; Puckering, 1989). The parenting environment provided by depressed mothers is typically less sensitively tuned in terms of responsiveness

¹ For a fuller discussion of attachment theory and a definition of 'internal working models' of attachment see section 4.1.1.3.

² For example, with regards to feelings of self worth and ability to elicit love and trust.

to infants' needs, and may be characterised by high levels of irritability (Murray, 1988 cited by Puckering (1989); Cox, Puckering, Pound & Mills, 1987). The unresponsiveness of mothers to their infants has been shown to negatively affect infants' sociability and interactional style (Field, Healy, Goldstein, Perry, Bendell, Schanberg, Zimmerman & Kuhn, 1988; Zekoski, O'Hara & Wills, 1987), with the beginnings of Learned Helplessness becoming apparent in very young infants (Puckering, 1989). Which, alongside research by Cox et al (1987) identifying maternal irritability as a direct negative influence on a child's subsequent adjustment, illustrates why offspring of depressed mothers may experience unstable mental wellbeing in later life due to the effects on their interaction style self image, and/or personality characteristics. It has, however, been noted that many depressed mothers do manage to maintain a positive relationship with their children (Cox et al, 1987) indicating that maternal depression need not necessarily be transmitted to infants due to a negative parenting experience. A more in depth discussion of the transmission of mental health may be found in chapter five.

As discussed in chapter one section 1.2.1., the presence of a supportive family and friends network has been consistently identified as a buffer protecting individuals from the harmful effects of stress, which might otherwise result in mental health problems (Brown & Harris, 1978). Social networks of support also play an important role in providing the mother links with the social world. For example mothers whose support networks include a high number of peers, as opposed to family members, have been found to be more competent parents (Corse, Schmid & Trickett, 1990). Possibly because mothers, who rely upon friends as well as family for support, are exposed to a wider variety of parenting strategies and beliefs, thus enabling them to draw from a greater pool of parenting knowledge. This has the effect of allowing the transmission of positive parenting practices from one generation to the next, yet providing the mother alternative role models thereby enabling the discontinuation of negative parenting behaviours, in favour of new ideas, (Wellman, 1990, MacPhee et al, 1996).

Statistics do suggest that the prevalence of harsh disciplinary practices are diminishing (Simons et al, 1991). It is possible that increased exposure to alternative parenting practices, via the media, and increased education in the undesirability of physical discipline, may help to account for this. If this were the case it could be seen as adding weight to the influence of modelling, on parenting strategies; as alternative role models provide the necessary stimulus to enable individuals to break an abusive parenting cycle.

3.2.3.2. Current Influences – The Continuities of Intergenerational Patterns.

Although the provision of childcare advice maybe the most obvious way in which grandmothers can influence their daughters' parenting style, it is probably not the most powerful route through which parenting practices are passed from mother to daughter. Advice can be intentionally disregarded, or mothers can choose to listen to current professional parenting advice, dismissing grandmothers' suggestions as outdated. This dismissal being one potential source of disagreement and possible conflict within the mother-daughter dyad.

The quality of current grandmother – mother relationships and the level of grandmaternal involvement in childcare during the mother's transition into parenthood may provide another opportunity for mothers to model parenting strategies on those of the grandmother. This is not, however, likely to impact upon many parenting attitudes which are not applicable to very young infants; for example attitudes regarding the level of freedom or sexual information children should be given.

The current relationship between mothers and grandmothers provides another route through which continuities in intergenerational mental adjustment may be consolidated or transmitted. For example, mothers who are already at risk of suffering depression due to their developmental history may be placed at additional risk if the grandmother is also depressed, as a grandmother who is experiencing a depressive episode is emotionally hampered from providing the kind of sensitive responsive support new mothers require. Conversely grandmothers who are emotionally stable and strong may be better able to cope with the demands placed on them by mothers, thereby providing a supportive buffer for their daughters against the stresses of motherhood. In this way it may be seen that current grandmother – mother relations act to compound pre-existing patterns of mental adjustment, and may conceivably be responsible for the transmission of emotional vulnerability across dyads who have not previously experienced such problems.

The differentiation between grandparenting and parenting must be borne in mind at this juncture. So although continuities between grandmothers' and mothers' childcare practices may be expected (as the childcare attitudes grandmothers held as parents should be related to their grandmothering attitudes) the limitations of this measure in terms of continuities in 'parenting' behaviour must be acknowledged.

3.2.4. Intergenerational Continuities - Summary of Predictions

Both past research findings and parenting theories would predict a positive correlation between grandmothers' and mothers' child rearing attitudes. Although this study is focussed upon the roles of motherhood and grandmotherhood, current grandmaternal child rearing attitudes might still be expected to relate to their parenting attitudes. The correlation between the level of grandmother involvement in childcare and the similarity between mother's – grandmother's parenting attitudes will also be assessed, as this should provide some insight into the impact of the current grandmother – mother relationship on mother's parenting style.

Past research findings from the field of behavioural genetics alongside findings and theory regarding both current and historic environmental influences, would predict continuities in intergenerational mental wellbeing. The correlations between grandmothers' and mothers' anxiety and depression should not, however, be expected to be very strong. This is due to two related factors: (i) the measure used assessed state rather than trait anxiety and depression; (ii) the measure of mental wellbeing only relates to a two week period prior to completion of the questionnaire. This second factor is of importance as intergenerational continuities in predisposition to anxiety / depression may be missed due to a lack of synchronicity in intergenerational mental health problems.

3.2.5. Associations between Demographic factors and Grandmother - Mother Childcare Attitudes and Mental Health.

Previous literature (reviewed in chapter one section 1.2.1 and chapter three section 3.2.1.) has found significant associations between SES and child rearing attitudes and practices (Bronfenbrenner, 1977; 1996; Fox, et al, 1995; Herrenkohl et al, 1995; Kohn, 1963, 1976; Rogers, 1990; Simons et al, 1991; and Vermulst et al, 1991), pointing to a link between low SES and high levels of restrictiveness.

The literature also points to strong links between SES, environmentally stressful parenting situations and the risk of experiencing a mental health problem (Billings & Moos, 1983, 1985; Brown & Harris, 1968; Shaw, 1991; Shaw et al, 1994). These research findings suggest that low SES is related to an increase in mental health problems. (For a review, see chapter one, section 1.2.1.).

Research findings have highlighted the role of religion in shaping child rearing attitudes, with the majority of studies suggesting that religious beliefs are associated with more authoritarian childcare attitudes (Alwin, 1986; Aximm & Peirce, 1998; Hertel & Hughes,

1987; Danso et al, 1997; and Elison and Sherkat, 1993). The research findings of Wilcox (1998) bring these findings into question, in relation to non-fundamental religious beliefs, with their results suggesting that religion may be associated with authoritative rather than authoritarian parenting attitudes. (For a review of this literature see chapter one section 1.5.3.).

The social support literature has consistently highlighted the role of support networks in modifying maternal and infant adjustment, due to the role of support in buffering individuals against the harmful effects of stress (Abidin et al, 1992; Brown & Harris, 1968; Crockenberg, 1981; Jason & Frye, 1991; Spieker & Bensley, 1994) (for a review of these studies see chapter one section 1.2.1). Research findings have also highlighted an association between social support and mothers' parenting practices, with highly supported mothers engaging in more positive parenting practices (Burchinal, et al, 1996; Herrenkohl, et al. 1995; MacPhee et al, 1996; Webster-Stratton, 1990).

Child temperament has been identified as an important factor in the mother-infant relationship, with some children being more difficult to rear than others (Bornstein, 1995; Hubert, Wachs, Peter-martin & Gandour, 1982). Bringing up a difficult infant may place the mother – child dyad at additional risk, due to the effect of child related stresses on the mother's own mental and physical wellbeing (Fisher, 1990; Jarvis, Myers and Creasey, 1989; Quittner, Glueckauf & Jackson, 1990). Subsequently a mother who is depressed and trying to cope with a difficult infant may, as a consequence, employ less sensitive parenting practices (Forehand, Lautenschlager, Faust & Graziano, 1986).

The predictions made regarding associations between the above variables will be tested with the data from the current research sample in order to ascertain the bearing these factors may have on the responses of mothers and grandmothers.

3.3. Method

A discussion of the measures employed, participant recruitment, sample characteristics and the method used to collect the data will not be repeated within this section, as these issues were covered in detail within chapter two.

3.4. Results

This section outlines the results of the analyses exploring; intergenerational differences; intergenerational continuities; and associations between demographic / child related factors and grandmother – mother childcare attitudes and mental health, in turn. Initial data

treatment, was as outlined in chapter two section 2.7.5. In order to analyse intergenerational differences a series of independent sample *t*-test, paired sample *t*-tests, and one-way ANOVAs were employed. Intergenerational continuities were assessed using Pearson's *r* analyses.

When assessing discrepancies in childcare practices the plus / minus signs were deleted from the discrepancy scores. This was because the direction of discrepancy in child rearing attitudes was not being assessed, only the size of grandmother – mother differences.

In order to explore the associations between the level of social support mothers received, and their childcare attitudes and mental health, categorical variables of social support were calculated. The bottom 25% of the sample of mothers were categorised as receiving a low level of social support, the middle 50% an average level of social support and the top 25% a high level of social support.

The child temperament data were submitted to the same calculations, with the three levels in this case being classified as easy babies, average babies and difficult babies.

3.4.1. Are grandmothers more 'traditional' in their attitudes to parenting than mothers?

There was no difference between mothers' and grandmothers' attitudes to parenting in respect of either nurturance ($t(325)=0.07; p=0.95$) or restrictiveness ($t(325)=-0.28; p=0.77$) scales of the CRPR.

	<u>Mothers</u> (N=183)	<u>Grandmothers</u> (N=163)
Nurturance	92.9(5.8)	92.9(7.2)
Restrictiveness	70.0(15.6)	70.3(17.1)

Table 3.4.1a - Mothers' and grandmothers' scores on the CRPR.

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

3.4.2. Do mothers think grandmothers have more "traditional" parenting values than their own? Do grandmothers think mothers are more 'permissive' than themselves?

Paired t-tests were used to explore the perception held by mothers and grandmothers of the difference between their own attitudes to parenting and their mother or daughter. Mothers felt that grandmothers were less nurturant ($t(175)=5.34; p<0.001$) and more restrictive ($t(172)=-7.09; p=0.000$) than they were themselves. Grandmothers on the other hand, felt that mothers were both more restrictive ($t(144)=-6.16; p<0.001$) and more nurturant ($t(141)=-3.19; p<0.001$).

	<u>Mothers</u> (N=183)	<u>Grandmothers</u> (N=163)
<u>Nurturance</u>		
view of self	92.8(5.8)	92.8(7.2)
view of other	87.5(14.0)	96.2(17.2)
<u>Restrictiveness</u>		
view of self	70.0(15.6)	70.3(17.1)
view of other	79.6(17.6)	75.1(19.4)

Table 3.4.2a - Mothers' and grandmothers' scores on the CRPR (own point of view and other point of view versions.)

Note The values shown in the table are mean values
The values shown in parenthesis are standard deviations

Independent sample t-tests were also carried out to determine whether mothers perceived intergenerational differences in childcare practices as being more pronounced than did grandmothers. Mothers perceived the difference between their own and grandmothers' nurturance as being greater than did the grandmothers ($t(319)=4.05; p<0.001$). Mothers also perceived there to be a greater difference between their own and the grandmothers' restrictiveness than did the grandmothers ($t(313)=3.83; p<0.001$).

3.4.3. Do Mothers perceive there to be greater intergenerational discrepancies in childcare attitudes than grandmothers?

	<u>Mothers</u> (N=183)	<u>Grandmothers</u> (N=163)
<u>Discrepancy Scores</u>		
Nurturance	9.3(11.0)	5.6(4.9)
Restrictiveness	15.2(13.9)	9.8(9.9)

Table 3.4.3a - Mothers' and grandmothers' discrepancy scores on the CRPR (own point of view – other's point of view.)

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

3.4.4. Do mothers feel there is more conflict in their relationship than do grandmothers?

There were also large differences in mothers' and grandmothers' perception of levels of conflict within their relationship. Mothers' reported higher levels of both disagreement ($t(326)=4.43; p<0.001$) and argument ($t(329)=3.60; p<0.001$) over child rearing issues.

	<u>Mothers</u> (N=183)	<u>Grandmothers</u> (N=163)
Disagreement	12.1(4.7)	9.7(4.5)
Argument	7.6(2.6)	6.7(2.1)

Table 3.4.4a; Mothers' and grandmothers' scores from the ICS.

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

3.4.5. Do mothers have more mental health problems than grandmothers?

Mothers had higher levels of depression and anxiety than did grandmothers ($t(336)=3.51$; $p<0.001$; $t(336)=6.02$; $p<0.001$).

	<u>Mothers</u> (N=183)	<u>Grandmothers</u> (N=163)
Anxiety	7.1(3.8)	5.6(3.5)
Depression	4.6(2.8)	2.9(2.3)

Table 3.4.5a; Mothers' and Grandmothers' HADS scores.

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

3.4.6. Do mothers and grandmothers agree over the levels of grandmothers' involvement?

	<u>Mothers</u> (N=183)	<u>Grandmothers</u> (N=163)
<u>Advice</u>		
Actual	9.5(3.5)	9.1(3.2)
Expected	11.4(4.4)	9.7(3.6)
Ideal	10.1(3.5)	9.2(3.4)
<u>Support</u>		
Actual	16.4(5.2)	15.2(5.2)
Expected	14.7(4.1)	13.4(4.0)
Ideal	16.6(2.6)	15.1(4.1)

Table 3.4.6a; Mothers' and grandmothers' scores from the ISAGS

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

There were significant differences between mother's and grandmother's perceptions of the actual ($t(331)=2.08;p=0.04$), expected ($t(328)=2.98;p=0.003$ and ideal ($t(330)=3.47;p=0.001$) levels of support from the grandmother for the mother. Mothers also differed from grandmothers in their views of expected ($t(339)=3.90;p<0.001$) and ideal levels of advice ($t(340)=2.3;p=0.024$).

In general mothers felt they received more support than grandmother's felt they gave. They also had higher expectations and ideals.

3.4.7. Are grandmothers good at estimating mothers views on grandmaternal involvement in childcare?

Correlations between mothers' and grandmothers' views of support were significant and in the moderate to large range. Correlations were not specific to type of rating (i.e. actual to actual). Correlations were higher for perceptions of support (mean $r=.66$) than advice (mean $r=.51$)³.

	<u>Mothers</u>		
	Actual	Expected	Ideal
<u>Grandmother</u>			
Actual	0.64**	0.45**	0.56**
Expected	0.57**	0.46**	0.49**
Ideal	0.56**	0.41**	0.53**

Table 3.4.7a; Correlations between mothers' and grandmothers' views of childcare advice giving.

Note The values shown in the table are Pearson's r values

** indicates that $p < 0.01$

The number of participant dyads employed within the study was 160

³ Further analyses revealed that the subscales of support and advice inter-correlate, see section 4.3.1.

	<u>Mothers</u>		
	Actual	Expected	Ideal
<u>Grandmother</u>			
Actual	0.73**	0.71**	0.71**
Expected	0.60**	0.68**	0.66**
Ideal	0.57**	0.63**	0.67**

Table 3.4.7b: Correlations between mothers' and grandmothers' perceptions of childcare support giving.

Note The values shown in the table are Pearson's r values

** indicates that $p < 0.01$

The number of participant dyads employed within the study was 160

3.4.8. Do mothers and grandmothers agree over the levels of conflict in their relationship?

There were only small correlations between mothers' and grandmothers' perceptions of the relative levels of conflict over child rearing issues.

	<u>Mothers</u>	
	Argue	Disagree
<u>Grandmother</u>		
Argue	0.18*	0.07
Disagree	0.13	0.17*

Table 3.4.8a; Correlations between mothers' and grandmothers' scores on the ICS

Note The values shown in the table are Pearson's r values

* indicates that $p < .05$

The number of participant dyads employed within the study was 160

3.4.9. Are grandmothers' and mothers' attitudes to parenting correlated?

Pearson's product moment correlations revealed significant correlations between mother-grandmother nurturance and restrictiveness in the small to medium range. There were no correlations across domains of parenting.

	<u>Mother</u>	
	Nurturance	Restrictiveness
<u>Grandmother</u>		
Nurturance	0.29**	0.02
Restrictiveness	0.01	0.31**

Table 3.4.9a; Correlation between mother's and grandmother's ratings on the CPRS.

Note The values shown in the table are Pearson's r values

** indicates that $p < .01$

The number of participant dyads employed within the study was 160

3.4.10. Do more involved grandmothers have more similar child rearing views to mothers?

In order to explore the links between current levels of involvement and parenting attitudes a composite measure of involvement (advice + support) was calculated. There were no correlations between involvement and agreement over parenting.

	<u>Involvement</u>	
	Mother's view	Grandmother's view
<u>Mother-Grandmother</u>		
<u>Discrepancy</u>		
Nurturance	-0.10	-0.02
Restrictiveness	0.10	0.10

Table 3.4.10a; The association between the discrepancy in mother's and grandmother's parenting attitudes and grandmother's level of involvement.

Note The values shown in the table are Pearson's r values

The number of participant dyads employed within the study was 160

3.4.11. Are mother's and grandmother's mental health correlated?

There were no associations between mother and grandmother mental health in terms of HADS anxiety and depression.

	<u>Mother</u>	
	<u>Anxiety</u>	<u>Depression</u>
<u>Grandmother</u>		
Anxiety	-0.01	-0.01
Depression	0.02	0.14

Table 3.4.11a; Correlations between mother's and grandmother's scores on the HADS.

Note The values shown in the table are Pearson's r values

The number of participants employed within the study was 160

3.4.1.2. Are more religious mothers/grandmothers more restrictive?

	Religious	Non-Religious
<u>Mothers</u>		
(N = 183)		
Nurturance	93.0(5.7)	92.2(6.2)
Restrictiveness	71.5(16.4)	67.1(13.0)
<u>Grandmothers</u>		
(N = 163)		
Nurturance	92.8(7.4)	92.8(5.8)
Restrictiveness	70.6(16.4)	65.4(18.3)

Table 3.4.12a; Religious and non-religious mothers' and grandmothers' scores on the CRPR.

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

There were 132 religious mothers and 51 non-religious mothers

There were 148 religious grandmothers and 15 non-religious grandmothers

As outlined in section 3.3.1., individuals who reported belonging to a religious group were primarily Christian. Therefore, the analyses excluded non-Christian religions, as faiths such as Islam or Hinduism are not comparable with Christian based religions in terms of beliefs. In order to address the question of the link between religious belief and parenting Christian mother and grandmothers were compared with those who reported holding no religious belief. The two groups did not differ on grandmother's restrictiveness ($t(137)=-.104;p=0.30$) and nurturance ($t(136)=-0.00;p=1.00$) and mother's nurturance ($t(170)=-.83;p=0.41$). There was, however, a trend toward religious mothers being more restrictive than non-religious ($t(169)=-1.63;p=0.07$).

3.4.13. Do mothers and grandmothers from lower social classes have less authoritative childcare beliefs?

The CRPR scores for mother and grandmothers were compared across the range of SES. Table 3.4.13a shows the mean levels of nurturance and restrictiveness for mothers and grandmothers in relation to SES. Scores for nurturance and restrictiveness were introduced into a series of one-way ANOVAs with SES categories (I – V) as the Independent Variable. Prior to discussing the findings of these analyses it should first be noted that the number of participants in group five was very low, thereby bringing the reliability of these results into question.

SES was significantly associated with mothers' restrictiveness, but not with nurturance. The pattern of maternal responses, illustrated by the mean group values shown in table 3.4.13a, demonstrate that (with the exception of group IV) maternal restrictiveness increases alongside decreasing SES. LSD post-hoc comparisons showed that the lowest SES group (V) differed significantly from the other four groups, with differences in restrictiveness between the two highest groups and group V being significant at the $p < 0.01$ level.

SES was not significantly associated with grandmothers' parenting attitudes, although associations between SES and restrictiveness were of borderline significance. As is shown in table 3.4.13a the number of grandmothers who were classified within group V SES were too few for this group to be taken into consideration. LSD post-hoc analyses do, however, demonstrate a significant difference at the $p < 0.01$ level between SES groups II and IV; grandmothers of higher SES hold less restrictive parenting attitudes.

	<u>Mother</u>		<u>Grandmother</u>	
	Nurture. (N = 171)	Restrict. (N = 168)	Nurture. (N = 124)	Restrict. (N = 124)
<u>SES</u>				
I	32 91.8(6.4)	32 65.3(11.6)	23 94.5(6.2)	23 69.4(18.6)
II	68 92.8(5.7)	67 69.5(13.8)	36 92.8(7.1)	36 65.1(16.6)
III	48 93.8(5.7)	47 69.9(20.0)	45 92.3(8.5)	45 72.3(15.9)
IV	17 92.4(6.6)	17 68.6(10.4)	17 91.6(5.3)	17 78.9(20.1)
V	6 95.2(5.7)	5 88.4(17.1)	3 100.0(1.0)	3 69.3(10.1)
<i>F</i>	0.64	2.54*	1.23	2.05

Table 3.4.13a; Mother's and grandmother's scores on the CRPR compared across the range of Socioeconomic Status Groups (I – V).

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

The values shown in italics are the number of participants in each socioeconomic class

The values shown in the table are one-way analysis of variance *F* values

* indicates that $p < 0.05$.

3.4.14. Do mothers and grandmothers from lower social classes experience higher levels of mental health problems?

The HADS scores for mother and grandmothers were compared across the range of SES. Table 3.4.14a shows the mean levels of anxiety and depression for mothers and grandmothers in relation to SES. Scores for anxiety and depression were introduced into a series of one-way ANOVAs with SES categories (I – V) as the Independent Variable.

SES was not associated with either mothers' or grandmothers' anxiety and depression.

	<u>Mother</u>		<u>Grandmother</u>	
	Anxiety (N = 171)	Depression (N = 173)	Anxiety (N = 138)	Depression (N = 136)
<u>SES</u>				
I	<i>34</i> 6.2(3.3)	<i>34</i> 4.4(2.2)	<i>24</i> 5.8(3.9)	<i>23</i> 3.7(2.6)
II	<i>67</i> 7.3(4.0)	<i>68</i> 5.1(3.1)	<i>37</i> 5.9(3.8)	<i>37</i> 3.1(2.3)
III	<i>47</i> 7.2(3.9)	<i>48</i> 4.0(2.7)	<i>51</i> 5.8(3.4)	<i>51</i> 2.5(2.0)
IV	<i>17</i> 7.1(3.7)	<i>17</i> 4.9(3.7)	<i>21</i> 6.2(4.0)	<i>20</i> 3.2(2.5)
V	<i>6</i> 6.0(2.7)	<i>6</i> 3.7(1.2)	<i>5</i> 5.4(3.2)	<i>5</i> 2.6(2.1)
<i>F</i>	0.61	1.31	0.065	1.08

Table 3.4.14a; Mother's and grandmother's scores on the HADS compared across the range of Socioeconomic Status Groups (I – V).

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

The values shown in italics are the number of participants in each socioeconomic class

The values shown in the table are one-way analysis of variance *F* values

* indicates that $p < 0.05$.

3.4.15. Do mothers with more supportive social networks experience lower levels of mental health problems?

The HADS scores for mother and grandmothers were compared across the three levels of social support. Table 3.4.15a shows the mean levels of anxiety and depression for mothers in relation to social support. Mental health scores were introduced into a series of one-way ANOVAs with social support categories (low, average & high social support) as the Independent Variable.

Social support was not significantly associated with either mothers' anxiety or depression.

	<u>Mother</u>	
	Anxiety (N=168)	Depression (N=168)
Social Support		
Low Social Support	<i>44</i> 7.0(3.9)	<i>44</i> 5.0(3.0)
Average Social Support	<i>72</i> 7.0(3.6)	<i>72</i> 4.4(2.7)
High Social Support	<i>52</i> 7.2(4.0)	<i>52</i> 4.6(3.0)
<i>F</i>	0.030	0.709

Table 3.4.15a; Mother's scores on the HADS compared across the three social support variables.

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

The values shown in italics are the number of participants in each socioeconomic class

The values shown in the table are one-way analysis of variance *F* values

* indicates that $p < 0.05$.

3.4.16. Do mothers with more supportive social networks hold more positive child rearing attitudes?

The CRPR scores for mothers were compared across the three levels of social support. Table 3.4.16a shows the mean levels of nurturance and restrictiveness for mothers in relation to social support. Scores for nurturance and restrictiveness were introduced into a series of one-way ANOVAs with the social support categories as the I.V.

Social support was significantly associated with mothers' nurturance, but not with restrictiveness. The pattern of maternal responses, illustrated by the mean group values shown in table 3.4.16a, demonstrate that mothers whose level of social support is low also hold less nurturant child rearing attitudes than more supported mother. LSD post-hoc comparisons confirmed that the group of mothers which was low in social support differed significantly to the other two groups in terms of the parenting nurturance.

	<u>Mother</u>	
	Nurture (N=166)	Restrict (N=164)
<u>Social Support</u>		
Low Social Support	44 91.5(6.2)	44 67.0(13.0)
Average Social Support	70 93.0(5.7)	70 67.0(14.2)
High Social Support	52 94.4(4.9)	50 73.2(18.3)
<i>F</i>	3.33*	2.87

Table 3.4.16a; Mother's scores on the CRPR compared across the three social support variables.

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

The values shown in italics are the number of participants in each socioeconomic class

The values shown in the table are one-way analysis of variance *F* values

* indicates that $p < 0.05$.

3.4.17. Do mothers with difficult babies experience more mental health problems?

The HADS scores for mothers were compared across the three levels of child temperament. Table 3.4.17a shows the mean levels of anxiety and restrictiveness for mothers in relation to infant difficulty. Scores for anxiety and depression were introduced into a series of one-way ANOVAs with the child temperament categories (easy babies, average babies & difficult babies) as the I.V.

Child temperament was highly significantly associated with mothers' anxiety, but not with depression. The pattern of maternal responses, illustrated by the mean group values shown in table 3.4.17a. and confirmed by LSD post-hoc analyses, demonstrated that mothers who rated their babies as easy or average were also less anxious than mothers whose babies were rated as difficult.

	<u>Mother</u>	
	Anxiety (N=180)	Depression (N=182)
Child Temperament		
Easy Babies	<i>47</i> 5.8(3.9)	<i>47</i> 4.2(3.5)
Average Babies	<i>84</i> 6.8(3.5)	<i>86</i> 4.6(2.6)
Difficult Babies	<i>49</i> 8.7(3.7)	<i>49</i> 5.2(2.8)
<i>F</i>	8.29**	1.47

Table 3.4.17a; Mother's scores on the HADS compared across the three child temperament variables.

Note The values shown in the table are mean values

The values shown in parentheses are standard deviations

The values shown in italics are the number of participants in each socioeconomic class

The values shown in the table are one-way analysis of variance *F* values

* indicates that $p < 0.05$ ** indicates that $p < 0.01$.

3.4.18. Do mothers with difficult babies hold less positive child rearing beliefs?

The CRPR scores for mothers were compared across the three levels of child temperament. Table 3.4.18a shows the mean levels of nurturance and restrictiveness for mothers in relation to infant 'difficulty'. Scores for nurturance and restrictiveness were introduced into a series of one-way ANOVAs with child temperament categories as the Independent Variable.

Infant difficulty was significantly associated with mothers' nurturance, but not with restrictiveness. The pattern of maternal responses, illustrated by the mean group values shown in table 3.4.18a and confirmed by post-hoc analyses, demonstrate that mothers who rated their babies as being difficult also held less nurturant child rearing attitudes.

	<u>Mother</u>	
	Nurture (N=180)	Restrict (N=177)
Child Temperament		
Easy Babies	46 94.8(5.9)	44 65.6(11.2)
Average Babies	86 93.2(5.4)	84 71.8(18.7)
Difficult Babies	48 90.5(6.0)	49 69.9(12.4)
<i>F</i>	7.05**	2.30

Table 3.4.18a; Mother's scores on the CRPR compared across the three social support variables.

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

The values shown in italics are the number of participants in each socioeconomic class

The values shown in the table are one-way analysis of variance *F* values

* indicates that $p < 0.05$. ** indicates that $p < 0.01$

3.5. Discussion – Summary of Main Findings

Grandmothers were not found to hold more traditional childcare attitudes than their daughters. Although mothers did view grandmothers as holding more authoritarian child rearing attitudes than their own. Grandmothers, however, considered their daughters to be more authoritative than themselves.

Perceptions of intergenerational differences were as expected, with mothers perceiving there to be greater intergenerational differences in childcare attitudes than grandmothers. This finding was mirrored by intergenerational reports of expressed discord, in which mothers reported higher levels of disagreement and conflict over childcare issues than grandmothers.

The levels of maternal anxiety and depression were significantly higher than those reported by grandmothers, therefore supporting the findings of previous studies which have identified motherhood as a time of increased vulnerability to mental ill health.

Grandmothers perceived mothers to expect, and ideally want, significantly lower levels of advice and support than was indicated by maternal self-reports. There were no significant intergenerational differences in estimations of advice giving, mothers did, however, perceive grandmothers to be more supportive than was estimated by grandmaternal self-reports.

Associations in mother – grandmother perceptions of childcare involvement and intergenerational discord were supportive of the impact of role related investments on individuals' perceptions of intergenerational relationships and events.

Intergenerational continuities in both child rearing attitudes and mental health were present although weak, therein supporting the notion that not only are attitudes and adjustment associated with developmental history but also with societal shifts and role related factors, resulting in intergenerational differences alongside continuities (Vermulst, et al, 1991). No association was found between current grandmother involvement in childcare and grandmother - mother child rearing attitudes, therefore suggesting that historic factors may play the most important role in determining intergenerational continuities in childcare beliefs.

There were no reliable associations found between SES and Religion, and grandmothers' and mothers' child rearing attitudes and mental health.

3.5.1. Interpretation of Findings – Intergenerational Differences in Childcare attitudes.

Previous research has found discrepant research finding relating to intergenerational differences in child rearing attitudes (Chase-Lansdale et al, 1994; Cohler & Grunebaum, 1981; Gallagher, 1979; Oyserman et al; 1994, Sonuga-Barke et al, 1998; Staples & Smith, 1954; Stevens, 1984; Tyszkowa, 1991). The current study's findings, that grandmothers do not hold more traditional childcare attitudes than those of their daughters', is in line with the findings of (Chase-lansdale et al, 1994; Oyserman et al, 1994; Stevens, 1984).

The results may be accounted for by two main theories. Firstly, it is possible that the same societal shifts towards more permissive childcare practices thought to influence contemporary mothering, have similarly influenced the childcare attitudes currently held by grandmothers. Secondly the differing roles played by mothers and grandmothers are likely to have significant affects upon the dyads' childcare ideologies, resulting in grandmothers expressing less restrictive child rearing attitudes than they may have held as parents. There is clearly a differentiation between grandparental and parental roles, in nuclear family units

(which are clearly the norm for this sample, see chapter two section 2.7.2a) it is the parents who take on the major parenting responsibilities, as issues relating to discipline and boundary may be beyond the domain of the accepted grandparenting role (Neugarten & Weinstein, 1964). This is highlighted by research relating to intergenerational discord; it is commonplace for grandmothers to avoid issues and situations that may result in conflict due to maternal perceptions of interference (Hagestad, 1985). Thus it is plausible that grandmothers may be wary of engaging in disciplinary or restrictive interactions with their grandchildren. This possibility is supported by the stereotypical view of grandmothers as the ‘spoilers’ of their grandchildren, being soft and seeing no wrong in their behaviours, providing unconditional warmth and affection.

This second explanation for the finding that grandmothers are equally as permissive as their daughters, seems particularly probable as the measures employed by this study related to parenting and *grandparenting* views respectively, as opposed to measuring intergenerational differences in *parenting* practices.

Unlike actual differences in parenting attitudes, there were significant perceived differences in intergenerational childcare attitudes. Both mothers’ perceptions of grandmothers and grandmothers’ perceptions of their daughters provided interesting and valuable insights into the possible mechanisms shaping the dyads’ childcare attitudes. Mother’s perceptions of the grandmother as an authoritarian child rearing figure were of interest, as they added weight to the possibility of shifts in grandmaternal childcare beliefs since their active parenting days. As discussed in section 3.1.5., it is probable that a mother’s perceptions of grandmaternal child rearing attitudes are shaped, in part, by their firsthand experience of the grandmother’s parenting practices. Thus, if it is the case that ideals have shifted towards more nurturant and less restrictive parenting practices over the last few decades (Cohler & Grunebaum, 1981; Gallagher, 1979; Staples & Smith, 1954), mothers would be expected to view grandmothers’ child rearing attitudes as more authoritarian than their own. This possibility is clearly compatible with the perceived childcare attitudes reported by this sample of maternal grandmother – mother dyads.

The existence of a shift in child rearing attitudes toward more authoritative, less restrictive practices, is also supported by the fact that grandmothers rated maternal restrictiveness more modestly than mothers rated grandmaternal restrictiveness, (despite viewing their daughters as more restrictive than themselves). The fact that grandmothers do not view themselves as more nurturant than their daughters may also be seen as supportive of this shift toward authoritativeness in ideal parenting practices.

Grandmothers' perceptions of their daughters' child rearing attitudes as more restrictive than their own, may be explained in terms of intergenerational role differences. As has already been discussed, grandmothers may well view issues of behavioural regulation and the maintenance of acceptable standards of behaviour as beyond their responsibility (Neugarten & Weinstein, 1964). Whether this is a function of intergenerational conflict avoidance, a personally motivated choice to surrender such responsibilities instead of enjoying grandchildren in a non-confrontational manner, a combination of both these explanations, or indeed an unexplored alternative, is not known. It does, however, add weight to the importance of recognising role differentiation when considering intergenerational patterns of behaviour.

The mean level of maternal restrictiveness reported by mothers and grandmothers demonstrates that mothers represent themselves as more permissive in their childcare attitudes than do the grandmothers. There are a number of possible explanations for this, firstly it is possible that mothers under report their own restrictiveness due to a perception of such attitudes as socially undesirable. An alternative explanation is that grandmothers may overestimate maternal restrictiveness because they are not fully aware of mothers' childcare attitudes. In this case grandmothers may base their reports, in part, on their own *parenting attitudes* (as opposed to grandparenting attitudes) resulting in an overestimation of restrictiveness. The plausibility of this argument is supported by older adults' tendencies to view their daughters' parenting attitudes as being similar to their own (Bengston & Kuypers, 1971). It is also arguable that this discrepancy in maternal and grandmaternal reports results from a combination of factors, including the grandmothers' tendency to view mothers' parenting as similar to their own, and maternal naivety regarding the reality of parenting children once they develop beyond the infancy phase⁴.

3.5.2. Interpretation of Findings – Do Mothers Perceive there to be greater Intergenerational Differences in Childcare attitudes than Grandmothers?

The finding that mothers report greater intergenerational differences in childcare attitudes than grandmothers is supportive of the developmental stake's influence on intergenerational relationships. The findings do suggest that for new mothers there may be

⁴ Many of the CRPR questions regarding parenting attitudes refer to situations regarding which mothers have no actual experience, it is therefore possible that as mothers mature their attitudes may become more restrictive as the realities of parenting wilful offspring become apparent.

pressures to differentiate themselves from the grandmother, establishing themselves as independent parents in their own right. Conversely grandmothers perceive maternal parenting practices as similar to their own, possibly as a function of their desire for intergenerational continuity (Bengston & Kuypers, 1971).

This is not, however, the only plausible explanation for the pattern of responses seen. It may be that the same explanations relating to role differentiation and societal shifts in parenting ideals can account for mothers' higher estimations of intergenerational differences. This argument hinges on the fact that mothers are likely to hold less accurate estimates of grandmaternal childcare beliefs than grandmothers are of maternal attitudes. Which may be explained by the fact that grandmothers are likely to base their estimates on their daughters current parenting behaviours, whereas mothers' reports may be clouded by the dyads' historic parent – daughter relationship.

Based on the information available it was not possible to disentangle the comparative influences of role investment factors, from the influences of role differentiation and societal shifts in child rearing attitudes. It can only be concluded that they both provide credible explanations for the pattern of results found.

3.5.3. Interpretation of Findings – Intergenerational Differences in Perceptions of Discord.

Findings indicated that as well as perceiving there to be greater intergenerational discrepancies in child rearing attitudes, mothers also reported higher levels of expressed intergenerational disagreement and argument over childcare issues than grandmothers. This finding is also supportive of the influence of differing role investments on the behaviour of mothers and grandmothers. As has been discussed in section 3.1.4.3., grandmothers may have more reason to temper their opinions and make efforts to minimise intergenerational discord than mothers. It is mothers who control the level of contact between grandmothers and their grandchildren (Cherlin & Furstenberg, 1986; Korhaber, 1985), this coupled with grandparental needs for continuity and contact with their grandchildren (Burton, 1996; Leek & Smith, 1991; Neugarten & Weinstein, 1964; Sticker, 1991), may cause grandmothers to suppress their true feelings due to fears of being ostracised from their extended families. Thus the finding that grandmothers are conservative in their reports of intergenerational discord is as expected.

The mean levels of intergenerational discord, most particularly argument, reported by dyads were very low (see chapter, table 2.7.2.a). There are several possible explanations for



this. It may be that high levels of dysfunctional or highly conflictual dyads are not common within a general population sample. Alternatively it may be viewed as supporting previous research (Hagestad, 1985; Hansen & Jacob, 1992) finding that the majority of grandmothers successfully negotiate maternal demands, providing their daughters with sensitively tailored support, thereby circumventing the requirement for arguments. The possibility that both mothers and grandmothers are under-reporting the incidence of discord due to the pressures of social desirability cannot, however be ignored. This is one of the limitations of relying upon individual self-reports and could only be entirely overcome by employing an observational or experimental design. The final possibility, which must not be overlooked (for a full discussion see chapter two, section 2.7.3.), was the self-selecting nature of the sample towards dyads which enjoyed good relations.

3.5.4. Interpretation of Findings – Intergenerational Differences in Anxiety and Depression Levels.

Previous research findings have identified motherhood as a time of increased risk for mothers (Boyd & Weissman, 1981; Brown & Harris, 1968; Cox, et al, 1987; Puckering, 1989; Richman, et al, 1982). This study's findings were in support of this, as mothers were found to experience significantly less mental health problems than grandmothers. Therefore, it may be argued, that although the transition to grandmotherhood represents a difficult time for some grandmothers as they negotiate the sometimes contradictory demands placed on them by their daughters, in general they are not an at risk group due to their new role demands (Hansen & Jacob, 1992).

Both mothers and grandmothers reported experiencing higher levels of anxiety than they did depression. This may be reflective of the fact that the transition to motherhood / grandmotherhood does represent a stressful time for women, but that this is not necessarily translated into depression.

Although mothers were found to experience higher levels of mental health problems than grandmothers, the levels of anxiety and depression found by this study were relatively low, perhaps as a function of emotionally unstable mothers declining to participate (as discussed in chapter two, section 2.7.3). So conclusions relating to mothers being at higher risk of mental health problems than the general population, cannot be made.

3.5.5. Interpretation of Findings – Intergenerational Differences in reports of Grandmother Involvement in Childcare.

Grandmothers were found to underestimate the levels of childcare involvement their daughters both wanted and expected to receive from them, a finding which is supportive of the predictions made by role investment theories and the literature exploring developmental role transitions. In regard to developmental role transitions, previous literature indicates this is a potentially difficult time for grandmothers as they negotiate associated changes in the level and nature of intergenerational involvement (Hansen & Jacob, 1992; Fischer, 1981; Troll 1985). One of the primary difficulties is the negative response of mothers to involvement they perceive to be interfering (Hansen & Jacob, 1992; Cherlin & Furstenberg, 1986; Kornhaber, 1985), a reaction which is likely to result in grandmaternal caution when considering the level of support and advice their daughters desire due to the importance of extended family relationships (Burton, 1996; Cherlin & Furstenberg, 1986; Leek & Smith, 1991; Neugarten & Weinstein, 1964; Sticker, 1991). The literature regarding role investments (eg. Bengston & Kuypers, 1971; Fingerman, 1996) is also supportive of the contention that grandmothers are likely to be conservative in their involvement levels, in order to avoid conflictual situations which may interrupt the prospect of intergenerational continuity.

The relationship between the mean levels of actual, expected and ideal advice reported by mothers, are of interest as they lend support to the notion that mothers may be wary of grandmother interference, expecting to receive more childcare advice than they would ideally like. The mean level of advice mothers report actually having received from grandmothers falls below their ideals, again supporting the idea that grandmothers are cautious not to over-advise their daughters⁵.

The relationship regarding the mean levels of perceived support is less clear cut. Their interrelationship may suggest that grandmothers correctly perceive their daughters would actually like to receive higher levels of support than they would childcare advice. The mean scores indicate both mothers and grandmothers feel that maternal ideals regarding support have been met. This, in relation to maternal perceptions that they receive significantly higher levels of support than grandmothers feel they have provided, may reflect the fact that although grandmothers provide their daughters with the levels of support they believe them

⁵ Analyses exploring the interrelationship between actual, expect and ideal levels of involvement are outlined and discussed in detail in chapter four.

to want, they would ideally like to be more involved.

Thus it may be concluded that role pressures associated with the grandmotherhood have an impact upon grandmaternal perceptions of the level of childcare assistance required by their daughters.

3.5.6. Interpretation of Findings – Are grandmothers good at estimating mother’s views on grandmaternal involvement in childcare?

Analyses revealed that grandmothers are moderately good at estimating their daughters’ views on grandmaternal involvement in childcare. This indicates that although role associated pressures may lead grandmothers to err toward under-estimations on levels of childcare involvement, their perceptions of maternal views are nevertheless related to those of their daughters.

The fact that grandmother – mother reports of childcare involvement were associated on all levels, indicates that grandmothers not only hold relatively accurate perceptions of their daughters views, but that they also tailor their responses to maternal needs. The tailoredness of intergenerational childcare involvement will be explored in detail in chapter four.

Higher associations were found in dyads’ estimations of childcare support than advice giving. This finding may be related to grandmothers feeling more pressure regarding over-advising than over-supporting their daughters. This possibility is supported by maternal reports, indicating that they desire higher levels of support than they do advice.

3.5.7. Interpretation of Findings – Do mothers and grandmothers agree over the levels of conflict in the relationship?

Although the correlations between mother – grandmother reports of childcare arguments were significant, they were very weak. This is consistent with the findings relating to the developmental stake (Bengston & Kruepers, 1971; Fingerman, 1995) which implies that grandmothers and mothers, may be influenced by the contradictory needs for intergenerational continuity and independence respectively. Thereby resulting in differences between grandmother’s and mother’s perceptions of the same incidents involving conflict. The general literature regarding the developmental role investments associated with grandparenting, may also be viewed as supporting the suggestion that role related pressures are likely to distort grandmaternal perceptions of intergenerational conflict (Burton, 1996; Cherlin & Furstenberg, 1986; Fingerman, 1995; Hagestad, 1985; Leek &

Smith 1991; Neugarten & Weinstein, 1964; Sticker, 1991). Thus the lack of substantial correlations between grandmother - mother reports of discord are supportive of the impact of role related pressures on individual's perceptions of events.

3.5.8. Interpretation of Findings – Intergenerational Continuities in Childcare attitudes.

There were small to moderate intergenerational correlations in nurturance and restrictiveness, findings which may be explained by a combination of factors. The literature regarding continuities in parenting practices would predict the existence of stronger correlations than those found in this study (Chase-Lansdale et al, 1994; Olsen, Martin & Halverson, 1999; Simons et al 1991; Sonuga-Barke et al 1998). Previous research and literature exploring role differences and societal shifts in parenting attitudes would, however, predict grandmothers' reports of childcare attitudes to differ from those of mothers' (Cohler & Grunebaum, 1981; Gallagher, 1979; and Staples & Smith, 1954). Thus, in concordance with the theories of Vermulst et al (1991), a relative theory of parenting transmission seems to best explain the levels of continuities in the childcare attitudes reported by dyads.

The question as to the mechanisms which account for the continuities seen in intergenerational childcare attitudes, may be addressed by the finding that current levels of grandmother involvement were unrelated to similarities in the dyad's attitudes. Although current grandmother – mother interactions may be theoretically predicted to influence the level of intergenerational similarity seen in the dyads' parenting attitudes, the study findings do not support this transmission route, as dyads which were highly involved reported no more similarities in child rearing attitudes than dyads who were distant. It would therefore seem probable that historic factors account for the intergenerational continuities found. Previous research has consistently identified the importance of developmental history in determining later parenting behaviours (Bandura, 1977; Dix, 1991; Hops, 1995; Maccoby, 1990; Martin, 1989). Thus it seems likely that the modest levels of intergenerational continuities in child rearing attitudes identified by this study can be accounted for by the historic grandmother – mother relationship. The relative impact of indirect factors (such as personality characteristics) and direct factors (Modelling for example) were not determinable by these findings, however, it would seem likely that a combination of historic factors are responsible for the continuities seen.

3.5.9. Interpretation of Findings – Intergenerational Continuities in Mental Health.

Somewhat surprisingly there were no significant correlations between grandmothers' and mothers' mental health. This may be accounted for by the fact that state anxiety and depression were measured, which has been shown to have a weaker heritable component than trait mental health problems (Allen, 1976).

The lack of intergenerational associations may also be related to the greater stresses associated with the mothering, than with the grandmothering role (Brazelton, 1988; Puckering, 1989), which, when measuring state anxiety and depression over a two week period, may mean that mothers have been exposed to more stressful situations than grandmothers. This is an eventuality which may result in an absence of mental health continuities being reported, in spite of intergenerational continuities in vulnerability to mental health problems.

3.5.10. Interpretation of Findings – Are religious mothers / grandmothers more restrictive?

The impact of families' religious background on child rearing attitudes has been consistently demonstrated (Alwin; 1988, Aximm & Peirce, 1998; Damso, et al , 1997; Elison & Sherkat, 1993; Hertel & Hughes, 1987), with the majority of findings identifying strong religious beliefs with authoritarian parenting attitudes.

The current study findings were not actively supportive of this association as analysis revealed no significant relationships between religion and child rearing attitudes. Although the relationship between religious and non-religious mothers' attitudes towards restrictiveness, which approached significance, was in the expected direction. These findings were not surprising given the 'relaxed' nature of the religious beliefs held by many individuals who would describe themselves as Christian. Therefore, given the homogeneity of parenting attitudes held by Christian and non-Christian participants (alongside the negligible number of participants who held religious beliefs other than Christian), further explorations of the data taking this aspect of culture into account were not felt to be necessary.

3.5.11. Interpretation of Findings – Do mothers and grandmothers from lower social classes have less authoritative childcare beliefs?

Previous research on the association between SES and parenting beliefs has identified a strong relationship between lower SES and less authoritative child rearing attitudes and practices (Bronfenbrenner, 1977; 1996; Herrenkohl et al, 1995; Kohn, 1963, 1976; Rogers, 1990; Simons et al, 1991; and Vermulst et al, 1991). The current study's results do not conflict with these findings, however neither can they be viewed as entirely supportive of such an association. A clear pattern of association between SES and authoritative child rearing attitudes was not identified within the grandmother sample. Although significant differences in maternal restrictiveness were identified between the lowest social class and the other four classes, no significant differences in authoritativeness were identified across groups IV – I. The reliability of the data regarding the lowest SES groups were also highly questionable due to the small number of participants within this group, (for a discussion as to why this group were so under-represented see chapter two section 2.7.3.).

No associations were found between maternal / grandmaternal nurturance and SES. This finding is compatible with previous research as findings have identified stronger associations between restrictive or harsh parenting practices and lower SES, than have been found between low nurturance and lower SES (Chase-Lansdale, et al, 1994).

The lack of a distinct pattern of association between parenting practices and social classes I – IV, alongside the relative absence of participants within class V, suggests that within this sample SES is not an important factor in understanding the nature of intergenerational parenting attitudes. For this reason it was not felt that SES needed to be considered when making further assessments of the dyad's childcare attitudes.

3.5.12. Interpretation of Findings – Do mothers and grandmothers from lower social classes experience higher levels of mental health problems?

Previous literature suggests that mothers of lower socioeconomic status are likely to experience higher levels of mental health problems due to the increased stresses associated with their situations (Billings & Moos, 1983, 1985; Brown & Harris, 1968; Shaw, 1991; Shaw et al, 1994). This was not found to be the case within our sample, as no associations were found between SES and Anxiety and Depression. Thereby suggesting, as with the findings regarding childcare attitudes, that SES is not a useful explanatory variable within this sample. As outlined in chapter two section 2.7.3. this may be a feature of the sample recruited, as both low SES groups and individuals experiencing mental health problems

were underrepresented in this sample. Further exploration of the lack of association with demographic measures may be found in chapter seven.

3.5.13. Interpretation of Findings - Do mothers with more supportive social networks experience lower levels of mental health problems?

The literature on social support clearly identifies networks of support as providing a positive buffering effect, protecting mothers from the harmful effects of social stressors (Abidin et al, 1992; Brown & Harris, 1968; Crockenberg, 1981; Jason & Frye, 1991; Spieker & Bensley, 1994)). The current studies failure to find any association between mothers' mental health and social support is therefore somewhat surprising.

There are a number of plausible explanations for the absence of this relationship, including the possibility that the mothers recruited into this sample did not require social support as a protection against social stressors because their parenting circumstances tended to be favourable. Support for this possibility may be found in the relatively low numbers of mothers who were recruited from low SES backgrounds.

It is also possible that the lack of association is related to limitations in the measure of social support employed, however as will be discussed in the subsequent section, social support was related to maternal nurturance in the predicted manner.

3.5.14. Do mothers with more supportive social networks hold more positive child rearing attitudes?

In regard to the positive effects of social support on maternal parenting practices, our findings are congruent with those of previous researchers which have identified links between high levels of social support and more nurturant / positive child rearing practices (Burchinal, et al, 1996; Herrenkohl, et al, 1995; MacPhee et al, 1996; Webster-Stratton, 1990).

It should, however, be noted that the strength of the association was not indicative of a large difference in parenting attitudes in association with the availability of a socially supportive network. One reason for this may be the limited number of mothers from low SES backgrounds, for as previous research has noted, these mothers are more likely to hold non-optimal parenting ideals and go on to repeat negative patterns of parenting with their own children (Bronfrenbrenner, 1977; 1996; Herrenkohl et al, 1995; Kohn, 1963, 1976; Rogers, 1990; Simons et al, 1991; and Vermulst et al, 1991). This is of relevance as the availability of positive parenting role models and advice from social support networks, may

attenuate the continuation of such negative parenting practices (Corse, et al, 1990; MacPhee, et al, 1996; Straus et al, 1980, cited by Simons et al, 1991; Wellman, 1990). Thus the moderate effect of social support in differentiating between mothers' parenting practices may be related to the absence of this particular function of supportive networks in shaping parenting views.

3.4.15. Do mothers with difficult babies, experience more mental health problems?

Previous research has clearly identified the importance of recognising the two-way nature of mother - infant relationships, with infants personality and behavioural characteristics affecting the mother as well as maternal features impacting on infants, and as such the importance of assessing child temperament has been highlighted (Bornstein, 1995, Hubert, et al, 1982).

The potentially negative impact of bringing up a difficult baby on maternal mental wellbeing has been noted by past research studies (Fisher, 1990; Jarvis, Myers and Creasey, 1989; Quittner, Glueckauf & Jackson, 1990). The current studies research findings would seem to be supportive of such an association, as mothers who reported their babies' behaviour to be difficult were also significantly more anxious than mothers of easy babies. The effect of this relationship was particularly strong, suggesting that within this sample of mothers child temperament is an important factor in determining maternal anxiety.

It should, however, be noted at this juncture that the direction of the relationship between infant difficulty and maternal anxiety characteristics may be brought into question as a function of the child temperament rating being provided by the mother, with no independent assessment of infant characteristics being made. It is not therefore unlikely that highly anxious mothers may have rated their children as difficult as a function of their own personality characteristics. For this reason particular caution should be applied in considering the direction of effects in relation to child temperament and maternal anxiety.

3.4.16 Do mothers with difficult babies hold less positive child rearing beliefs?

As noted in the previous section some children are more difficult to rear than others, which may in turn impact negatively upon mothers' mental health (Bornstein, 1995; Fisher, 1990; Hubert, et al, 1982; Jarvis, et al, 1989; Quittner, et al, 1990). It has been argued that mothers may employ insensitive parenting practices as a function of such stress (Forehand, Lautenschlager, Faust & Graziano, 1986). This contention is supported by the current study's findings, which identified a significantly different level of nurturance in mothers

whose infants were rated as difficult, with mothers of easy babies being more nurturant than mothers of difficult infants.

As with the association between child temperament and mothers' mental wellbeing, the direction of this relationship must not however be assumed, as it is plausible that mothers whose attitudes towards child rearing are low in nurturance may affect the ratings of child temperament in two ways. Firstly it is possible that nurturance low mothers may view their babies behaviour in a less 'forgiving' light, resulting in them rating their babies' behaviour as difficult, whereas another mother may view the same behaviours as 'normal'. Secondly the impact of the parenting provided by a nurturance low mother, may cause their infants to react in negative ways, resulting in these babies becoming more difficult to manage as a function of the parenting they have received.

3.6 . Conclusions.

In general the current study's research findings were in accordance with the predictions made by previous research studies and theory, with the majority of findings being explained in these terms. The predictable nature of the findings was felt to be supportive of the concurrent validity of the study, further establishing the validity and reliability of the new questionnaire measures and the overall validity of the methodologies employed.

It was of interest that neither of the measures relating to intergenerational continuities or intergenerational differences associated very strongly, thereby supporting the concept of relative transmission.

The findings from the current study were supportive of the importance of developmental role investments and societal shifts in opinion, in regard to the relationship between maternal grandmother and mother ratings on parenting and childcare related discord. This was particularly true in regard to grandmaternal perceptions of intergenerational differences and disagreement, suggesting that factors associated with the desire for intergenerational continuity may be significant in determining the nature of current grandmother – mother relationships.

The findings which were not as expected, were accounted for to some extent by limitations in the sample of participants recruited. Further explorations of the findings in terms of their generalisability, implications, limitations and suggestions for future research may be found in chapter seven.

There were two notable conclusions to be drawn from the study's findings:

- (i) The distinction between actual and perceived differences in intergenerational attitudes is highly valuable in understanding maternal grandmother – mother relationships.
- (ii) Intergenerational differences in role demands and investments appear to be instrumental in determining differences in grandmother - mother perceptions of their relationship.

These findings, in particular in regard to the important distinction between actual and perceived intergenerational differences, were taken as supportive of the next chapter's aim to explore the role of tailoredness in explaining grandmother – mother relationships.

CHAPTER FOUR

Intergenerational Disagreement and Conflict - The Tailoring of Grandmother Involvement

4.1. The Role of Tailoredness in Explaining Discrepancies in the Grandparenting Literature.

The previous chapter outlined mother - grandmother similarities and differences. This chapter is concerned with how the tailoredness of grandmother involvement relates to the absolute and perceived differences between mothers' and grandmothers' parenting attitudes and the levels of disagreement and conflict experienced by the dyad.

The literature review in chapter one illustrated the fact that past research findings, focussing on the impact of grandmother involvement, have been highly divergent and at times even contradictory (section 1.3.). It is arguable that such discrepancies might be explained by a more in depth view of grandmother involvement, which looks beyond the levels of grandmother support and explores how well this support matches with the needs and wishes of the mother. This contention is supported by recent shifts in the literature, which is now recognising the importance of issues related to the quality of grandmother – mother relationships when making quantitative assessments of the impact of intergenerational involvement levels (Davis, Rhodes & Hamilton-Leaks, 1997; Kalil, Spence, Spieker & Gilchrist, 1998).

Another factor, which was thought to be of interest in determining how support is received, was the actual and perceived similarities between mothers' and grandmothers' parenting attitudes. As it is clear that intergenerational differences in child rearing opinions are potential sources of grandmother - mother conflict, although the existence of different attitudes does not necessarily result in confrontation. It is, however, possible to agree to disagree, with one strategy being the avoidance of contentious issues (Hagestad, 1985). It was therefore felt that measures should include references to both disagreement and conflict.

4.1.1. The Tailoring of Grandmother Involvement

In order to determine whether or not grandmother involvement in the care of her grandchild will be of benefit to the mother – infant dyad, it is also necessary to consider how it fits in with the individual needs, circumstances and personal history of the mother. Although one of the main characteristics of grandmother involvement which results in

positive child and mother outcomes, is that it constitutes a constructive and appropriate response to the circumstances in which the mother and her child find themselves (Lavers and Sonuga-Barke, 1997), it is also important to recognise that regardless of circumstance some mothers may not welcome grandmother assistance. This highlights the way in which effective grandparenting is marked by a tailored response to *need* and *maternal wishes*.

Under normal circumstances, in most families, the basic needs of the mother and child can be met from within the nuclear family. In situations where this is not the case, effective grandmother intervention may play an important protective role (Dalla & Gamble, 1999; Spieker & Bensley, 1994; Taylor, et al, 1993; Taylor & Roberts, 1995). Yet the literature shows this is not always the case, for example at risk mothers due to their young age or because of infant problems (eg. premature or disabled), might be expected to benefit from high levels of grandmother involvement. Because in these cases it seems to constitute an appropriate response to difficult circumstances and as such it might be expected to act as a protective buffer for both the mother and infant: this is clearly not the case in many instances (Chase-Lansdale et al, 1994; Cooley & Unger, 1991; Crockenberg, 1987; Frodi et al; 1984; Gordon, 1999; Oyserman, et al, 1993; Unger & Cooley, 1992; Unger & Wandersman, 1985). (For a review of these studies see chapter one section 1.3.2). It is therefore necessary to question what other factors are likely to play a role in determining the outcomes of grandmother involvement?

In order to make an assessment of the appropriate level of grandmothing it is first necessary to briefly review the situational variables which are likely to shape the mother's parenting circumstances. This will be followed by discussion relating to the ways in which (i) the historical grandmother – mother relationship, and (ii) the current grandmother – mother relationship, may impact upon the appropriate levels of grandmother involvement in childcare.

4.1.1.1. The role of Situational Variables in shaping the need for Grandmaternal Assistance.

The first set of situational variables increasing a mother's need for assistance, which in turn may demand a higher level of involvement from the grandmother, can be broadly categorised as economic factors (Duncan, Brooks-Gun, & Klebanov, 1994). These may take several forms: for example whether a mother has suitable housing, childcare and funds available independently of her wider family to support herself, are all important in shaping the amount of assistance a mother is likely to need. As such, it might be expected that

mothers with low SES may require high levels of grandmother involvement.

The social resources enabling successful parenting are also important. The presence of a fully functional support network independent of the grandmother is likely to render the mother less reliant on grandmaternal support, as research has consistently shown that highly supported individuals are buffered from the negative effects of stress (Brown & Harris, 1978; Burchinal, et al, 1996; Gottlieb, 1981; Haggerty, 1989; Herrenkohl, et al, 1995; MacPhee, et al, 1996; Mueller, 1980). In such situations the mother need only turn to the grandmother for assistance if this option best suits her needs. Such independence from intergenerational support is not, however, representative of many maternal situations, particularly in the case of mothers who are also at risk from other sources: for example, the increased risk factors associated with teenage pregnancies and adolescents' dependence upon grandmothers for support have been well documented (Burton, 1990; Crumidy & Jacobziner, 1966; Faigel, 1967; Furstenberg, 1976; Furstenberg, et al, 1987; Grow, 1979; Lamb, 1990; Taylor et al, 1993; Taylor & Roberts, 1995; Wagner & Slemboski, 1968; Wilson, 1986). This is also likely to be the case for single or divorced mothers, as partner support has also been documented as playing an important role in a mother's support network (Abernathy, 1973; Bernard, 1964; Brown, Bhiolchain & Harris, 1975; Miller & Ingham, 1976; Unger & Powell, 1980; Wan, Jaccard, & Ramey, 1996). Thus it might be expected that mothers who do not have support network of friends / other family, are more reliant on grandmaternal support.

The level of personal resources a mother has available to her are also important in determining the level of assistance she requires. For example cognitive maturity and depression are both important factors relating to parenting ability, being influential in shaping infant adjustment and development (van IJzendoorn, Goldberg, Kroonenberg, & Frenkel, 1992). Mothers who are immature or depressed may require more support from their family and peers. The relationship between mental health and grandmother involvement is explored in chapter five.

An important section of situational variables are those which are child related. Some children by virtue of either physical, cognitive or temperament differences are more difficult to rear, requiring greater attention and more sensitive handling than their peers (Bornstein, 1995; Hubert, Wachs, Peters-Martin & Gandour, 1982). Bringing up a child who is either suffering from a chronic illness or who exhibits difficult behaviour may increase the mother's stress levels, draining her mental and physical resources, resulting in her needing extra support (Johnston & Mash, 1990). A relationship may therefore be

expected between infant ‘difficulty’ and high levels of grandmother involvement.

The nature of other family members relationships with the grandmother, (in particular husband / partner – mother-in-law relationships), constitute the final set of situational variables which have an impact on how grandmother assistance is received. This is a commonly recognised stressor in extended family relationships, being epitomised by the volume of jokes regarding the “mother-in-law”. This probably reflects a very real source of stress and conflict within many families, and may potentially preclude grandmother assistance from benefiting mother / child outcomes in two parent families (Lavers & Sonuga-Barke, 1997). This factor was, however, beyond the scope of the current study.

The relationship between SES, the quality of maternal social support networks and child temperament, and the level of grandmother involvement will be assessed to determine the impact of the above variables on grandmother – mother relationships within the current sample.

4.1.1.2. Beyond Situational Variables – The Impact of Relationship History in Determining the Appropriate level of Intergenerational Support.

An assessment of the mother’s circumstances is informative as to the risk factors likely to affect her parenting situation. It does not however, allow an insight into the history of the grandmother – mother relationship providing a context within which their current interactions must be understood. Whether or not a mother may require extra support is not necessarily a sufficient basis on which to found an assessment of the appropriate level of grandmother involvement. It may be that the grandmother is the last individual from whom the mother wants to accept advice or assistance. It is therefore of importance to consider the variables, which might shade the light in which grandmother assistance is viewed.

The history between a mother and maternal grandmother is a potentially important factor influencing the suitability of the grandmother as a provider of support; (it was for this reason that paternal grandmothers were excluded from this study). Research by Hansen & Jacob (1992) illustrates the importance of developmental history in determining current grandmother – mother relationships. They have suggested that resentment left over from feelings of rejection during childhood, revived when a woman enters motherhood and realises the strength of her maternal love, may cause her to question further her own childhood experiences (Kornhaber, 1986). Alternatively, on entering motherhood a woman may realise the extent of demands and difficulties associated with the role of motherhood, leading to the development of a closer relationship with her mother and a forgiveness over

the perfect parenting she previously felt denied.

4.1.1.3. Relationship History – The Role of Attachment.

One aspect of an individual's relationship history with their parents, which has received much attention, is their attachment history. The attachment history of the mother – grandmother dyad offers a number of routes through which the appropriateness of current grandmaternal involvement might be shaped. This is not least because the nature of attachment relationships during infancy have been shown to influence an individual's concept of self, personality, future functioning and later relationships, through the formation of internal working models of the attachment relationship (Bowlby, 1980; Cassidy, 1988; Hazen & Shaver, 1994).

Working models are comprised of information pertaining to the attachment relationship. They integrate knowledge regarding the attachment figure's sensitivity and responsiveness in certain situations and a concept of self as influenced by interactions with the attachment figure; for example whether or not a person views themselves as worthy of love (Bowlby, 1980). These working models of attachment figures and self, once formed, tend to operate outside conscious awareness: For this reason they are relatively resistant to change once developed (Bowlby, 1980). The grandmother – mother attachment relationship history can therefore, be seen to have far reaching effects, influencing current grandmother – mother interactions in a number of ways.

Research evidence from studies exploring the intergenerational transmission of attachment styles, identifies two distinct groups of mothers (van IJzendoorn, Juffer & Duyvesteyn, 1995). Firstly there are those who experienced an insecure attachment with their own mothers and go on to repeat a rejecting relationship style with their own offspring. Secondly there are those mothers who have come to terms with the rejection they experienced in infancy and make a conscious effort not to repeat the cycle. What differentiates between these two groups appears to be whether the painful emotional memories associated with instances of rejection have been brought forward from the working model of attachment into conscious awareness, or whether they remain repressed causing individuals to perceive and interpret infant attachment signals incorrectly (Ricks 1985; Main & Goldwyn, 1984). It seems that once an individual is fully aware of the pain associated with their rejection experience they are able to avoid making the same mistakes with their own children. It is arguable that women who have become conscious that the

mothering they received was far from ideal are unlikely to turn to, or indeed accept, parenting advice from their mothers.

Attachment theory can, therefore be used to explain three-generational family dynamics, as an individuals' attachment relationships in infancy remains influential throughout their life course impacting on interpersonal relationships, self-concept, self-esteem, and behaviour in later life (Cassidy, 1988; Hazen & Shaver, 1994). Support for the impact of attachment relationships across three generations also comes from the findings of Benoit and Parker's (1994) study. Their findings suggest that attachment styles remain very stable throughout an individual's life span, and that these attachment styles remain relatively stable across three generations, with 65% of their sample of triads demonstrating corresponding attachment styles.

An insecure attachment history is also indicative of the grandmother's insensitivity towards her daughter's feelings (Ainsworth, 1973), suggesting that the dyad may currently experience difficulties in the giving and receiving of support. Thus the formation of an insecure attachment relationship during infancy may lead to difficulties with the acceptance of grandmaternal assistance in the future. Hence it is arguable that grandmother - mother attachment history is a significant determinant of their present-day relationship (Shaw & Vondra, 1993; Sroufe, 1983; Sroufe & Fleeson, 1986; Waters, Wippman, & Sroufe, 1979). Thus the type of attachment bond formed between the mother and grandmother can be seen to have a contemporary influence on mother – infant interaction, as mediated via the reception current grandmother involvement. Alongside this current influence of attachment there is an historic impact via the mother's subsequent parenting ability (as shaped by her interactional style) and the mother-infant attachment bond, (Greenberg, Speltz, & DeKlyen, 1993).

Mothers whose memories of childhood rejection remain repressed tend to go on to form *Dismissive* adult attachment relationships, redirecting the frustration they feel towards their mothers onto others (George, Kaplan, and Main, 1985). As a result of this such individuals have difficulties forming open, trusting, secure adult relationships (Hazen & Shaver, 1994). These mothers are therefore placed doubly at risk of experiencing parenting difficulties, due to the absence of a cohesive support network and their own inability to form an intimate secure relationship with their baby. The presence and involvement of the grandmother during their daughter's transition to motherhood presents an interesting scenario; will the grandmother's participation lead the mother to deflect even more frustration onto their infant? Or will they express their frustrations towards their mothers?

It seems plausible that new mothers may re-assess and explore their own childhood relationships at this time of transition (Hansen & Jacob, 1992; Benedek, 1959), a contention which is supported by Epstein's theory of personality (Bretherton, 1985). Epstein's theory postulates that changes in mental representations are only likely to occur through a significant emotional experience. Since working models of attachment figures and self are formed during childhood, experiences causing the re-appraisal of childhood experiences may be especially significant. Therefore grandmother - mother interactions during the first few months of motherhood present women with an opportunity to update the working model of their own attachment relationships. Although exploring these contentions was beyond the current study's scope, they nevertheless help to illustrate the complexity of factors influencing the reception grandmother assistance may engender.

4.1.1.4. The Current Grandmother – Mother Relationship.

The current grandmother – mother relationship has the propensity to shape appropriate levels of grandmaternal involvement in childcare in a number of ways, with intergenerational similarities and differences in childcare attitudes being an integral factor. The potential for intergenerational differences in child rearing attitudes to impact upon the receipt of grandmaternal support have been illustrated by cross cultural studies, (Contreras, et al, 1999; Frankel & Roer-Bornstein, 1982; Sonuga-Barke, et al, 1998) for a review see chapter one section 1.1.3. This literature has consistently demonstrated that grandmother – mother dyads which hold markedly different parenting attitudes, normally as a function of intergenerational differences in acculturation, also experience conflictual relationships in regard to intergenerational childcare involvement.

It is arguable, however, that the level of expressed disagreement over child rearing beliefs is more significant than attitude differences, for as has been discussed in chapter three section 3.1.3., it is possible to agree to disagree thereby curbing the impact of intergenerational differences on the quality of grandmother – mother relationships (Hagestad, 1985). The theoretical influence of expressed conflict on the current grandmother – mother relationship will be discussed in section 4.1.3 (exploration of this relationship in terms of analyses may be found in chapter 5).

With the complexity of the factors influencing appropriate levels of grandmother involvement in mind, attempting to produce an exhaustive list of the innumerable factors potentially affecting mother – grandmother relationships, would not be advantageous at this juncture. Rather it is important to summarise that both situational and personal factors

undoubtedly shape the ways in which individual grandmother – mother dyads interact, and that each dyad will differ in subtle and often immeasurable ways.

4.1.2. Rationale for measuring Satisfaction with Grandmother Involvement

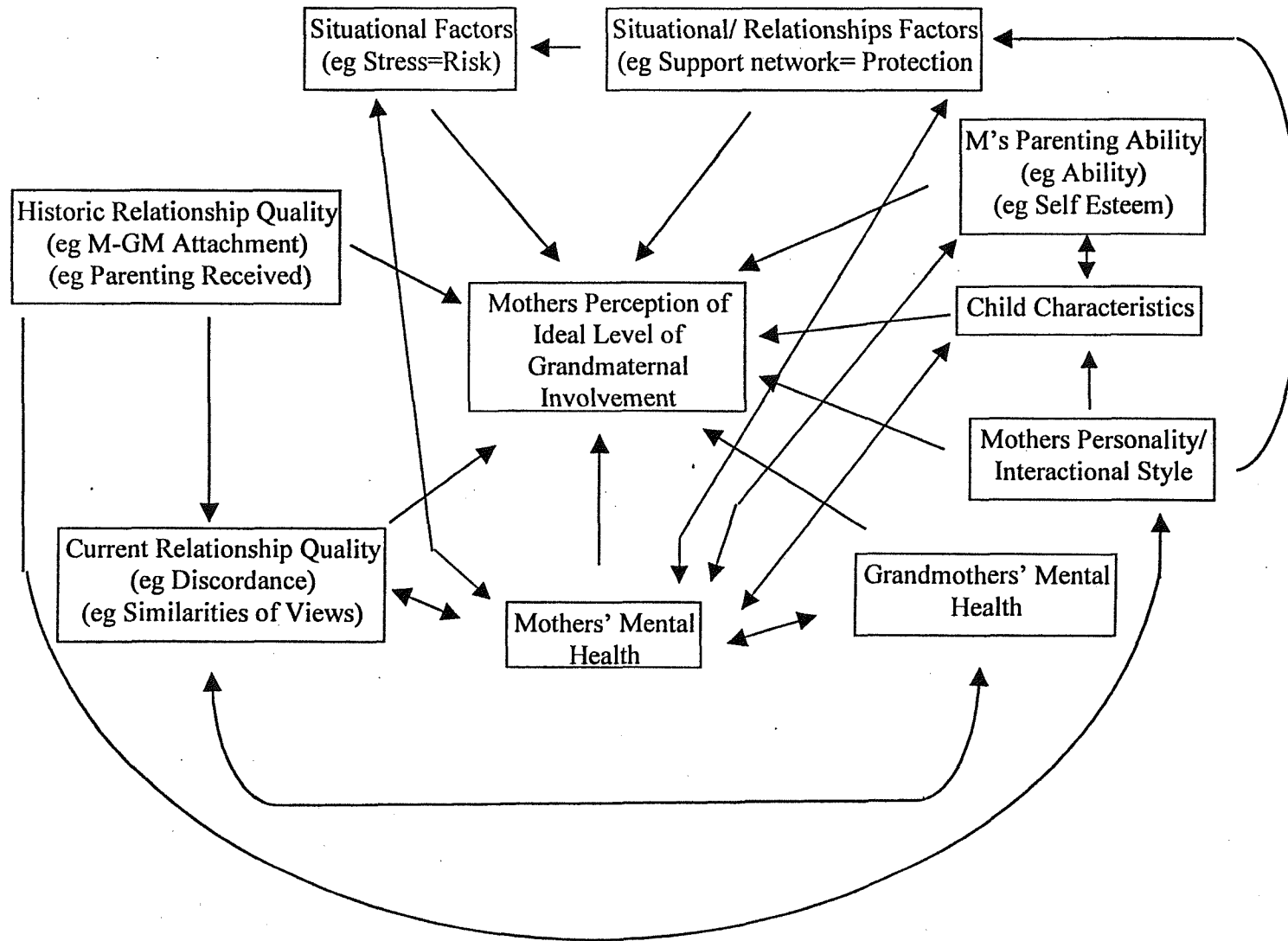
A highly complex picture of grandmother – mother inter-relations has been outlined, with both their historic and current interaction patterns having direct, and indirect influences on each other and the infant. The complexity and enmeshedness of this relationship on so many different levels, goes a long way in explaining the divergent research findings highlighted in the grandmothing literature. In order to begin to understand the way in which grandmother involvement impacts upon a new mother and infant it is necessary to look beyond any one aspect of their relationship, and to observe the context in which the relationship is set. For example, a daughter who is in a supportive marital relationship will be less vulnerable to non-optimal grandmother involvement, than a single mother. To attempt to examine every route through which grandmother involvement might be of influence would, however, be highly impractical if not impossible. In order to demonstrate the enmeshedness of many of the potential factors which may influence a mother's ideal level of grandmother involvement a model was devised (fig. 4.1.2a). It is important to note at this juncture that neither this model nor the subsequent models were designed to be tested. Rather they are illustrative of the complexity of the factors associated with grandmothing, and as such they were included in order to help conceptualise the multiple factors involved in determining the outcomes associated with tri-generational relationships.

The extreme inter-relatedness of historic and current relationship factors, grandmothers' and mothers' personal qualities, and the external situational variables impacting upon the ideal level of grandmother involvement, are clearly illustrated by the complexity of the model in figure 4.1.2a.

To determine the potential impact of grandmother involvement it may be necessary to look beyond the actual support the grandmother makes available to the mother, instead considering how this support fits in with the mother's pre-conceived ideas of the relationship. The absolute level of support received by the mother is probably not as relevant, as is the relationship between the mother's expectations for and perceptions of the support received. For example a grandmother who offers a limited amount of assistance to a daughter with whom she has never had a close supportive relationship may be received very differently from a grandmother offering the same level of support to a daughter whose past experiences would have predicted much more. Alternatively a mother who has

experienced a discordant relationship with the grandmother in the past may view the grandmother's attempts to be highly supportive as interference, resulting in additional stress for the mother as opposed to a being a protective influence. Therefore, the impact of grandmothers' support on mothers' wellbeing, may best be considered within the historic context of their relationship and or in relation to the levels of support and advice they expected, and would ideally like to be receiving. It was felt that the multiple influences determining whether or not a grandmother is able to meet her daughters' ideals in regard to support could be best illustrated using a model (see figure 4.1.2b.). The model demonstrates that alongside the 'past experience' factors determining maternal expectations, the reality of the grandmothers' situation may also be taken into account by mothers when they consider the probable level of grandmothereing they will receive. Thus it may be argued that a failure to meet maternal expectations is more significant than a failure to meet ideals.

Figure 4.1.2a Features Associated with the Formulation of Ideal Levels of Support



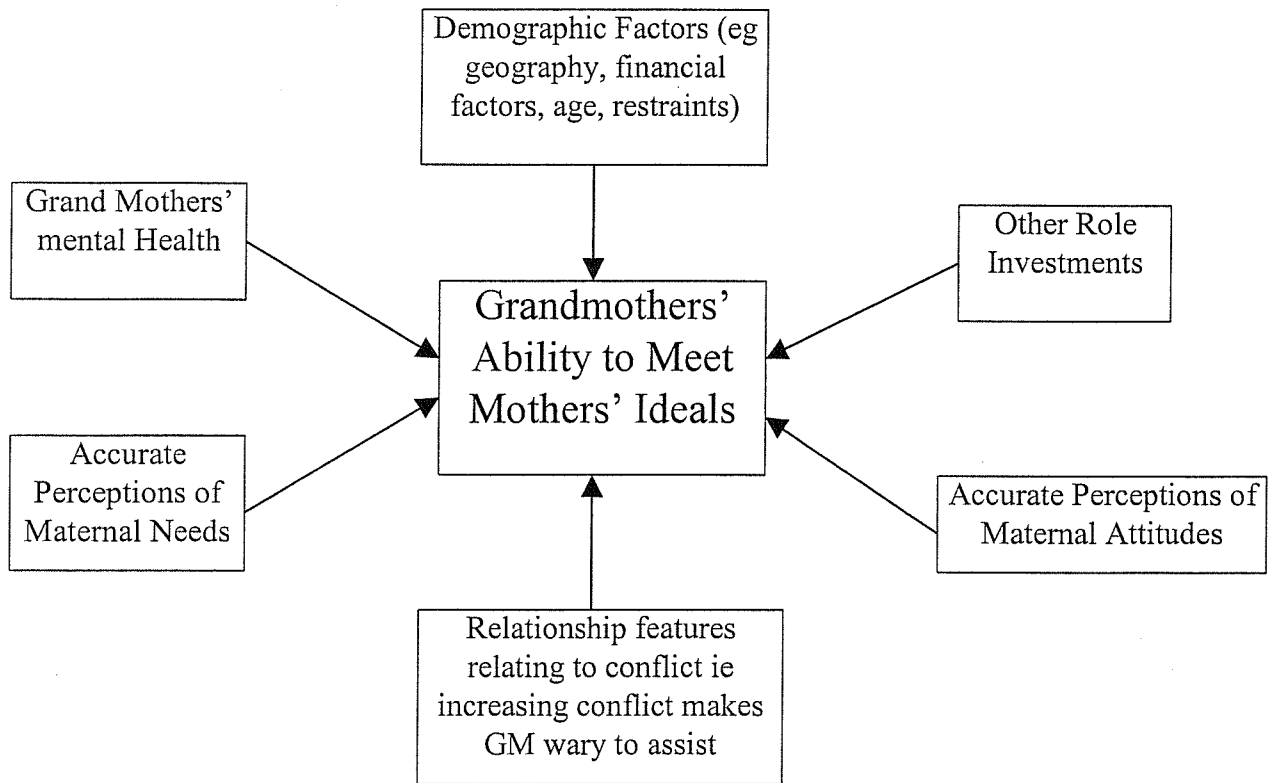


Figure 4.1.2b Features Associated with Grandmothers' Ability to 'Tailor' her Involvement Levels to Maternal Needs

The most practical and appropriate way to address the issue of tailoredness therefore seems to be to circumvent an attempt to assess every variable influencing the desirable level and type of grandmother participation, and instead measure whether the mother is receiving the support and advice she ideally wanted and expected, thereby taking all factors into account, as evaluated by the mother. This does not allow as detailed an insight into why the levels of desirable grandmother involvement are set within particular parameters for each dyad, as may be attained using an interview approach. It does, however, permit a more accurate assessment of the quality of large numbers of grandmother – mother relationships, than would be possible using standard questionnaire measures. The increased accuracy of this method is achieved through the avoidance of assumptions regarding the usefulness and appropriateness of grandmother involvement based on criteria which may, or may not, give an accurate representation of the mother's situation.

One distinction, which is theoretically of importance, is between levels of grandmother involvement which are inappropriately high, and those which are inappropriately low. The potential impacts of these two factors will now be outlined.

4.1.2.1. Inappropriately High Levels of Grandmother Involvement.

High levels of grandmother support where the mother's needs are met within her nuclear family may be viewed as interference, and are particularly likely to occur where mothers are over-controlling and daughters are over-submissive (Lavers and Sonuga-Barke, 1997). Similarly, extensive parenting advice and involvement from a grandmother who holds radically different parenting attitudes and beliefs to the mothers, may be the cause of additional stress for a mother as opposed to being a protective influence. The results of cross-cultural research are supportive of this, with an elevation in conflict levels occurring in second generation immigrant families when the mother is highly acculturated (Sonuga-Barke, et al, 1998). Even if the grandmother's child rearing attitudes are in fact similar to those of the mother, the existence of an antagonistic history between the mother and grandmother may result in grandmother involvement being unwelcome.

Situations may exist in which the need for grandmother support is clear, but despite this the mother is unwilling to accept grandmother assistance. One factor shaping the mothers' acceptance of grandmaternal support, is its perceived appropriateness which will be partially determined by their relationship history, but also by general cultural norms. For example, Frodi et al (1984) found that white American teenage mothers may feel more

pressure to raise their children independently than young black American mothers who seemed more content to remain in their family home.

Studies examining grandmother – mother relationships postnatally, have found that even though some mothers are relieved to be receiving help from the grandmother, they may find it difficult to accept this assistance (Hansen & Jacob, 1992). Mothers' reports suggest this may be because they feel it reflects on their parenting abilities in a critical way, as their mothers' success where they are failing can be construed as a reproach (Hansen & Jacob, 1992). Thus grandmother assistance may be received reluctantly, possibly engendering a defensive response from the mother, leading to conflict over childcare issues.

4.1.2.2. Inappropriately Low Levels of Grandmother Involvement.

The offer of advice and support by the grandmother may in some instances be undesirably low. This has the potential to leave the mother vulnerable to feelings of parenting inefficacy and dissatisfaction. Whether this is because the grandmother is physically or mentally unable to support her daughter, or because she chooses not to, may lead to differing outcomes for the mother depending on her rationalisation of the situations. For example she may see the grandmother's under-provision of support as an unavoidable circumstance. Alternatively it may be viewed as an intentional snub, in which case it would seem plausible that under involvement from the grandmother may be associated with low parenting self esteem in the mother as she struggles to come to terms with her new parenting role.

The link between undesirably low levels of grandmother involvement and mother – grandmother conflict is unclear. Unlike over involvement, which may constitute unwanted interference thereby leading to discord, grandmother under involvement may not hold any association with conflict. It is, however, possible that the mother initiates conflict with the grandmother over childcare issues as a reaction to her displeasure at the grandmother's seeming disinterest. Alternatively if elevated levels of intergenerational discord are associated with under involvement, both of these factors may be a function of a third variable relating to the quality of the relationship.

One possible scenario is that in situations where the dyad hold differing child rearing attitudes, the grandmother avoids becoming over involved in childcare because of the pressure they feel to avoid disputes (Burton, 1996; Cherlin & Furstenberg; Hagestad, 1985; Leek & Smith, 1991; Neugarten & Weinstein, 1964; Sticker, 1991). Thus it is possible that

grandmothers who experience conflictual relations with their daughters regarding the rearing of children, distance themselves from childcare issues.

The relationship between the tailoredness of grandmother responses to the mother's needs and levels of intergenerational discord, was felt to be of importance as the existence of a conflictual mother – grandmother relationship may be detrimental to both the mother and infant. Thus a possible factor explaining some of the divergence in research regarding the outcomes associated with grandmothers is provided.

4.1.3. The Current Grandmother – Mother Relationship - Intergenerational Disagreement and Conflict over Child Rearing Issues.

The effects of mother – grandmother co-residence and childcare advice are far from clear. This suggests that the *nature* of the mother – grandmother relationship needs to be explored in order to determine whether or not grandmother involvement is likely to have a positive or negative affect upon the mothers' parenting. The importance of conflict as a mediating variable, determining whether grandmother involvement is associated with positive or negative outcomes, has been suggested (Voight et al, 1996). The importance of conflict in determining child outcomes is supported by the findings of Brody, Flor & Neubaum (1998); they found that *harmonious* relationships between adults who share child rearing responsibilities were important in determining the employment of parenting practices which enhance children's development.

The potential of support networks to act as sources of stress as well as support is recognised (Belle, 1982; Cochran, Lerner, Riley, Gunnarsson & Henderson, 1990). This may be especially true in the case of teenage mothers. Adolescence is a time of heightened parent - offspring conflict, thus the added pressure of an off-time role transition to motherhood is likely to further increase levels of family discord (Musick, 1993; Richardson, Barbour, & Bubenizer, 1991). The potential for the stresses of a conflictual support network to negatively impact on a mother's adjustment, is increased further in the case of teenage mothers who co-habit with their extended family as they are not in a position to avoid confrontations. This may, therefore, go some way in explaining the divergent research findings associated with grandmother support and teen mother outcomes (see chapter one, section 1.3.).

It has been proposed that rather than exploring absolute social network sizes it is important to consider the role of conflicted and unconflicted networks (Barrera, 1981), thereby taking into account the quality of supportive relationships. The findings of Voight

et al's (1996) study go some way in supporting the importance of conflict as a defining variable in shaping the outcomes of support, (although their results must be treated with caution as they are based on a sample of only 25 teenage African - American mothers). Their results show that having a larger support network may be beneficial for an adolescent's parenting experience and behaviour, only if the individuals providing the support are not also a source of conflict. Barrera's (1981) results also support this finding, indicating an association between the number of individuals in a support network providing positive support yet who also have a conflictual relationship with the mother, and the incidence of psychological symptoms in the mother.

The association between intergenerational conflict and poor maternal outcomes, in terms of parenting and general mental wellbeing, has a number of possible explanations. Arguably conflict with close members of their social network leaves mothers psychologically depleted, rendering them less able to deal with the demands of motherhood. In this instance the type of conflict would be irrelevant, with no differences existing between disagreement related to childcare issues and any other kind of unrelated conflict. Although this may be the case, it would seem probable that conflict directly pertaining to parenting issues may hold differing significance in terms of the mother's parenting esteem and attitudes.

High levels of grandmother – mother discord over child rearing are also likely to have an effect through the reluctance of the mother to ask for, or accept support from the grandmother. As the research outlined in chapter one section 1.2. has demonstrated, grandmothers can be an invaluable source of support to their daughters when they enter motherhood (Dalla & Gamble, 1999; Spieker & Bensley, 1994; Taylor, et al, 1993; Taylor & Roberts, 1995; Voight et al, 1996). In circumstances where differing child rearing ideologies interfere with this supporting role, there may be an indirect negative effect on the mother and her infant. This contention is backed by studies examining the nature of the grandmother – mother relationship postnatally, which have found the giving and receiving of support to be areas which can cause conflict (Hansen & Jacobsen, 1992).

There has been a limited amount of research focusing specifically on the advisory role of maternal grandmothers in influencing the type of parenting practices employed by new mothers. Findings indicate that in some instances high levels of childcare help and advice are associated with the provision of more age appropriate stimulation by the mothers of preschoolers (Cotterell, 1986). Although highly directive grandmothing is associated with more secure teenage mother – infant attachments in the short-term, in the long-term this

level of involvement appears to be associated with less competent mothering (Cooley & Unger, 1991). It is, therefore, conceivable that high levels of inappropriate or unwanted childcare advice are detrimental to mothering, with the stress and conflict associated with intergenerational interference providing one possible mechanism through which this effect may be mediated.

Thus it can be argued that high levels of grandmother – mother discord may result in long-term detrimental effects on mother – infant functioning thereby providing an explanation for the contradictory findings within the literature documenting the effects of grandmother support for teenage mothers. It is, however, arguable that both levels of intergenerational conflict and the mothers' non-optimal interaction style with their infants, are a function of poor maternal adjustment / social competence. The plausibility of this explanation is increased as a function of the limited personal resources available to teenage mothers due to their developmental immaturity, and by research documenting the high levels of conflict which characterise teenage marital relationships (Teti, Lamb & Elster, 1987).

This chapter aims to explore the relationship between tailoredness of grandmother involvement and the levels of discord experienced within the dyad. The impact of such disagreement and conflict on mothers' mental health, parenting self-esteem and parenting style will be explored within chapter five.

4.1.4. Intergenerational Differences in Child Rearing Views - The Importance of Perceptions of Intergenerational Differences.

The literature reported in chapter three sections 3.1.5.1, 3.1.5.2, & 3.1.5.3. has clearly illustrated in theory the importance of considering not only actual, but also perceived differences in childcare practices (a contention which was supported by the findings of analyses assessing intergenerational differences in childcare attitudes, see chapter three section 3.4.2).

This chapter will therefore address whether such perceptions of intergenerational differences are differently associated with intergenerational discord and grandmaternal involvement in childcare, than are the actual intergenerational differences in child rearing attitudes.

4.2. Research Questions and Hypotheses

Based on the theory and literature presented, this chapter aimed to address the main questions / hypotheses outlined in this introduction.

- Is the existence of high levels of grandmother – mother disagreement over childcare issues associated with similarly high levels of intergenerational argument? Or do dyads agree to disagree?
- Is there an association between the discrepancies (both actual and perceived) in mothers' / grandmothers' nurturance and restrictiveness?
- Do situational variables alone provide sufficient information to facilitate an understanding of the appropriate level of intergenerational involvement?
- Are perceived discrepancies in mothers' and grandmothers' parenting attitudes associated differently with the levels of acknowledged disagreement and argument between mothers and grandmothers over childcare issues, than actual intergenerational differences in childcare attitudes?
- Does an association exist between the tailoredness of grandmaternal involvement and the level of intergenerational discord?
- Finally to more specifically assess whether there is a distinction between over and under grandmother involvement in terms of discord levels.

Thus the association between intergenerational discord, the tailoredness of grandmother involvement was assessed within a United Kingdom based sample of mothers and grandmothers (mother outcomes in terms of mental health and parenting esteem will be explored in chapter five).

For a review of the method employed, see chapter two.

4.3. Results – Analysis Strategies

It was decided to approach the initial data analysis using simple bi-variate correlations, t-tests, and one-way ANOVAs to assess whether the predicted associations / effects were

present. It was not felt appropriate to employ more complex multivariate approaches unless they were required to explain the pattern of associations found. The primary rationale for this decision lay in the explorative nature of the research questions being posed. It was felt that the heightened risk of making type II errors, due to an increase in the strength of associations / effects required to show significant results using multivariate analyses, would limit the usefulness of such an approach in identifying interesting relationships in what is a novel way of conceptualising the grandmother – mother relationship.

This decision did, however, result in an increased risk of making type I errors, a possibility which must be taken seriously given the number of associations / predictions being explored. Therefore the conclusions drawn from these research findings should be treated with caution, with the research being viewed as a first step in determining the usefulness of this new approach in exploring the grandmothers' supportive role. The direction of future studies in addressing this research area will be discussed in chapter Seven.

4.3.1. Initial Data Treatment

In order to explore the relationship between the tailoredness of grandmother involvement and intergenerational discord, it was first necessary to calculate some categorical variables of *fit* describing the relationship between the three levels of 'fit' for advice and support giving. It was decided to merge the advice and support giving scales, as although correlations were only moderate (mothers ratings $r's > .49^{**}$, grandmothers $r's > .58^{**}$) it was felt that the added clarity achieved by a single discussion relating to grandmother involvement would be highly beneficial in the interpretation of this study's findings.

The two indices of fit were calculated from mother's views of grandmother involvement using data from the ISAGS questionnaire. Mother's sense that their ideals as regards to grandmother involvement had been met (i.e. Fit with Ideal - FiI) was calculated (using maternal responses) by subtracting ratings of ideal levels of support and advice from actual levels of support and advice. Mother's sense that their expectations had been fulfilled (Fit with Expectation - FiE) was calculated (using maternal responses) by subtracting expected levels from actual levels of support. In both cases negative scores meant that actual involvement was less than wanted or expected, and positive scores meant that actual involvement was more than was wanted/expected.

The frequencies of scores on these two indices of fit are shown in the relevant tables

(4.3.1a & 4.3.1.b). FiI and FiE were used to create two categorical variables¹. These were derived by taking approximately the top 25 percent of the distribution and allocating them to a "more than expected/wanted" involvement group. The same was done to the bottom 25 per cent of the distribution who were allocated to a "less than expected/wanted" involvement group. The middle 50 percent were judged to have received the level of support that they expected ("as expected/wanted"). The FiI and FiE categories were highly associated ($\chi^2(4) = 73.50; p < 0.001$). Mothers who felt that they received more involvement than they ideally wanted also felt they received more than they expected.

In order to validate the data on involvement and fit, the children in the three levels of fit "less", "as expected/wanted" and "more" were compared in terms of contact. Tables 4.3.1a & 4.1.3b show the association between FiI and FiE categories for mothers and the distance in miles between mother and grandmothers and their levels of contact through visit and by phone. These data were submitted to a series of one-way ANOVAs with FiE and FiI categories for mothers and grandmothers as the IVs and distance, number of telephone calls and visits as the DVs.

Mother who had less involvement from grandmothers than they wanted, reported living further away from grandmothers, receiving /making fewer visits and having less phone calls, thus validating the FiI variable.

¹ Both the FiI and the FiE scores were normally distributed.

	"less" (N=39)	"as wanted" (N=98)	"more" (N=34)	<i>F</i>
Distance	278(794)	66(95)	34(103)	4.95**
Visits	44(66)	115(121)	185(122)	14.88**
Phone calls	113(115)	216(181)	268(105)	10.22**

Table 4.3.1a ;Distance, visits and calls data for the three categories of fit based on the maternal FiI.

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

The values shown in the table are one-way analysis of variance *F* values

** indicates that $p < 0.01$.

The pattern established for FiI measures of fit was also seen for the FiE categories. Because of the large standard deviations for Distance the association between this DV and fit did not reach significance, however the pattern of associations was seen as validating the FiE variable.

	"less" (N=39)	"as wanted" (N=98)	"more" (N=34)	<i>F</i>
Distance	219(823)	92(145)	40(95)	2.09
Visits	68(103)	111(115)	165(130)	6.52**
Phone calls	139(114)	208(186)	257(114)	5.37**

Table 4.3.1b; Distance, visits and calls data for the three categories of fit based on the maternal FiE.

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

The values shown in the table are one-way analysis of variance *F* values

** indicates that $p < 0.01$.

The same measures of fit as derived for the mothers were calculated for the grandmothers.

Categorical grandmaternal FiI and FiE variables were created using the same rule as for mothers. Once again these two measures of fit were significantly associated ($\chi^2(4)=56.62$, $p=0.000$). Maternal and grandmaternal measures of fit were also associated significantly (FiE $\chi^2(4)=13.01$; $p=0.01$; FiI $\chi^2(4)=14.31$; $p=0.006$).

The same validations of the judgement of fit were made for grandparents as for parents. The pattern established for the mother's perceptions of fit were also seen for the grandmother's perceptions of fit between actual and ideal levels of involvement.

For measures of fit based on grandmother perceptions of actual versus ideal FiI, only visits and phone calls demonstrated the expected association. In this case however it was the "more" category that differed from the other two.

	"less" (N=35)	"as wanted" (N=84)	"more" (N=33)	<i>F</i>
Distance	144(117)	128(557)	8(18)	1.17
Visits	58(92)	95(105)	225(122)	23.88**
Phone calls	163(129)	206(194)	274(103)	3.96*

Table 4.3.1c; Distance, visits and calls data for the three categories of fit based on the grandmaternal FiI.

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

The values shown in the table are one-way analysis of variance *F* values

* indicates that $p < 0.05$, ** indicates that $p < 0.01$.

For measures of fit based on grandmother perceptions of actual versus expected FiE, only visits demonstrated the expected association. In this case it was also the "more" category that differed from the other two.

	"less" (N=35)	"as wanted" (N=84)	"more" (N=33)	<i>F</i>
Distance	71(90)	166(590)	25(64)	1.61
Visits	89(101)	88(111)	191(128)	11.81**
Phone calls	202(124)	190(204)	259(117)	2.27

Table 4.3.1d; Distance, visits and calls data for the three categories of fit based on the grandmaternal FiE.

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

The values shown in the table are one-way analysis of variance *F* values

** indicates that $p < 0.01$.

4.3.2. Are Mothers' and Grandmothers' ratings of the levels of Grandmother Involvement in Childcare associated with Situational Factors?

Before going onto explore the usefulness of our derived measure of the 'fit' of grandmother involvement, it was first of interest to assess whether situational factors identified in the literature as important in determining an appropriate grandmother response to maternal needs were indeed associated with mothers' ratings of grandmother involvement. Particular attention was being paid to the relationship between estimations of ideal levels of grandmother involvement and situational variables thought to demand higher levels of intergenerational support.

The ISAGS scores for mothers and grandmothers were compared across the range of SES groups and across the three levels of social support and child temperament. Tables 4.3.2.a – 4.3.2.c show the mean levels of actual, expected and ideal levels of grandmaternal involvement in childcare for grandmothers and mothers in relation to SES, social support and child temperament respectively. Scores for actual, expected and ideal involvement were introduced into a series of one-way ANOVAs with the situational variable categories (SES groups I – V; Low, Average & High social support; and Easy, Average & Difficult Babies) as the respective I.Vs.

There were no significant effects of either SES or child temperament on mothers' or grandmothers' ratings of the levels of actual, expected or ideal grandmaternal involvement in childcare (see tables 4.3.2a & 4.3.2c, respectively). With the effect sizes being smallest for the ideal levels of involvement on both the grandmothers and mothers ratings in association with SES and on the grandmothers ratings in association with child temperament.

Two significant effects were found between the level of social support available to the mother and the ratings of grandmaternal involvement in childcare (see table 4.3.2c). LSD post-hoc analyses revealed that both of these were between the low and average / high social support categories on the mothers' and grandmothers' ratings of actual grandmaternal involvement in childcare. With both maternal and grandmaternal ratings of grandmother involvement being significantly lower for those mothers who were categorised within the low support category, than for the mother who received average or high level of social support.

No significant differences were found between the three levels of social support on either the mothers' or the grandmothers' ratings of the ideal level of grandmaternal involvement in childcare.

	<u>Mother</u>			<u>Grandmother</u>		
	Actual	Expected	Ideal	Actual	Expected	Ideal
	Involvement	Involvement	Involvement	Involvement	Involvement	Involvement
	(N=168)	(N=171)	(N=171)	(N=146)	(N=142)	(N=143)
<u>SES</u>						
I	33 24.2(14.0)	34 25.5(14.6)	34 26.4(12.7)	31 22.5(13.0)	31 22.4(11.1)	31 23.9(11.5)
II	65 25.2(7.3)	67 25.4(7.7)	68 26.1(5.5)	56 23.5(7.1)	53 23.3(7.0)	54 23.7(7.1)
III	48 28.4(7.6)	48 28.5(6.1)	47 28.5(6.4)	42 27.1(8.2)	41 25.0(6.1)	41 25.8(5.6)
IV	16 27.9(8.8)	16 28.3(7.5)	16 29.2(6.9)	13 26.5(8.2)	13 25.4(7.1)	13 26.2(6.2)
V	6 27.8(4.6)	6 25.0(5.7)	6 26.5(3.9)	4 26.8(6.6)	4 21.5(7.1)	4 27.3(4.3)
<i>F</i>	1.473	1.112	1.005	1.597	0.715	0.702

Table 4.3.2a The mothers and grandmothers ISAGS scores across the range of Socioeconomic groups.

Note The values shown in the table are mean values
The values shown in parenthesis are standard deviations
The values shown in italics are the number of participants in each socioeconomic class
The values shown in the table are one-way analysis of variance *F* values
* indicates that $p < 0.05$ ** indicates that $p < 0.01$.

	<u>Mothers</u>			<u>Grandmothers</u>		
	Actual Involvement (N=164)	Expected Involvement (N=167)	Ideal Involvement (N=167)	Actual Involvement (N=143)	Expected Involvement (N=140)	Ideal Involvement (N=142)
Social Support Level						
Low Social Support	<i>44</i> 23.3(7.1)	<i>43</i> 24.1(5.9)	<i>43</i> 24.9(5.0)	<i>35</i> 21.0(6.0)	<i>34</i> 21.6(6.0)	<i>35</i> 22.9(6.3)
Average Social Support	<i>71</i> 26.0(11.3)	<i>72</i> 27.0(11.0)	<i>72</i> 27.8(9.6)	<i>63</i> 25.7(10.8)	<i>61</i> 24.2(9.4)	<i>62</i> 25.1(8.9)
High Social Support	<i>49</i> 29.3(6.5)	<i>52</i> 28.4(8.3)	<i>52</i> 28.5(6.5)	<i>45</i> 26.5(8.0)	<i>45</i> 24.2(7.0)	<i>45</i> 25.2(7.0)
<i>F</i>	5.202**	2.662	2.766	4.246*	1.493	1.108

Table 4.3.2b The mothers and grandmothers ISAGS scores across the three levels of Social Support.

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

The values shown in italics are the number of participants in each social support class.

The values shown in the table are one-way analysis of variance *F* values

* indicates that $p < 0.05$ ** indicates that $p < 0.01$.

	<u>Mother</u>			<u>Grandmother</u>		
	Actual	Expected	Ideal	Actual	Expected	Ideal
	Involvement	Involvement	Involvement	Involvement	Involvement	Involvement
	(N=178)	(N=181)	(N=181)	(N=156)	(N=151)	(N=153)
Child Temperament						
Easy Babies	<i>44</i> 27.3(12.7)	<i>47</i> 28.2(13.8)	<i>46</i> 28.1(11.4)	<i>38</i> 26.9(11.5)	<i>37</i> 25.3(10.8)	<i>38</i> 25.9(10.7)
Average Babies	<i>86</i> 26.2(6.8)	<i>87</i> 25.5(6.4)	<i>87</i> 26.3(5.4)	<i>74</i> 23.5(7.3)	<i>70</i> 22.7(6.5)	<i>71</i> 23.8(6.5)
Difficult babies	<i>48</i> 25.5(8.5)	<i>47</i> 26.7(6.5)	<i>48</i> 27.4(6.4)	<i>44</i> 25.1(8.9)	<i>44</i> 23.5(6.6)	<i>44</i> 25.1(5.9)
<i>F</i>	0.458	1.385	0.916	1.891	1.323	1.003

Table 4.3.2c The mothers and grandmothers ISAGS scores across the three levels of Child Temperament.

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

The values shown in italics are the number of participants in each child temperament group.

The values shown in the table are one-way analysis of variance *F* values

4.3.3. Are Reports of Disagreements and Arguments Correlated?

	<u>Disagreement</u>	
	Mother	Grandmother
<u>Argument</u>		
Mother	0.54*	0.13
Grandmother	0.07	0.48*

Table 4.3.3a; Correlations between mother's and grandmother's scores on the I.C.S..

Note The values shown in the table are Pearson's r values

* indicates that $p < .05$

The number of participants ranged between: 171 – 181 for analyses based only on the mothers' ratings; 141 – 151 for analyses involving grandmother ratings.

There were significant correlations between mother's and grandmother's reports of disagreement and argument over childcare issues. High levels of disagreement and argument tended to be reported by the same people.

4.3.4. Are Mother - Grandmother Discrepancies over Different Aspects of Parenting Correlated?

There was little correlation between discrepancies in mother and grandmother child rearing attitudes. Mothers who perceived that their mothers held different views on nurturance also perceived them to hold different views on restrictiveness.

	<u>Nurturance</u>		
	Actual	Perceived (mother)	Perceived (grandmother)
<u>Restrictiveness</u>			
Actual	-.16	-.06	.05
Mother Perceived	.12	.33**	.11
Grandmother Perceived	.04	.06	.05

Table 4.3.4a; The associations between grandmother-mother discrepancies in views of restrictiveness and nurturance.

Note The values shown in the table are Pearson's *r* values

** indicates that $p < 0.01$.

The number of participants ranged between: 171 – 181 for analyses based only on the mothers' ratings; 141 – 151 for analyses involving grandmother ratings.

4.3.5. Are Discrepancies between Attitudes to Parenting Associated with Perceptions of Conflict?

Associations between reports of conflict and discrepant attitudes over child rearing were restricted to an association between mother's perceptions of discrepancies and mother's own reports of disagreement and argument. Those mothers who perceived that their mothers held different views to them also felt that their relationship was more conflictual.

	<u>Mother</u>		<u>Grandmother</u>	
	Disagree.	Argument	Disagree.	Argument
<u>Restrictiveness</u>				
Actual	.04	.11	-.06	.07
Mother Perceived	.47**	.40**	.03	-.03
Grandmother Perceived	.05	.01	.06	.13
<u>Nurturance</u>				
Actual	.09	.02	.00	-.04
Mother Perceived	.40**	.40**	.07	-.02
Grandmother Perceived	-.07	-.06	.06	.02

Table 4.3.5.a; The associations between reports of conflict and discrepancy over attitudes to child care.

Note The values shown in the table are Pearson's r values

** indicates that $p < 0.01$.

The number of participants ranged between: 171 – 181 for analyses based only on the mothers' ratings; 141 – 151 for analyses involving grandmother ratings.

The number of participants ranged between: 171 – 181 for analyses based only on the mothers' ratings; 141 – 151 for analyses involving grandmother ratings.

4.3.6. Are Mothers' and Grandmothers' Absolute ratings of Grandmother Involvement in Childcare correlated with Intergenerational Discordance?

Before going on to assess the relationship between tailoredness of grandmaternal involvement it was first necessary to explore the association between reported levels of involvement and intergenerational discord. Our contention being that it is not only important to consider absolute levels of intergenerational support, but to account for how well they fit with the mother's situation. It is, therefore, necessary to compare the patterns of association when the '*fit*' of grandmothering is, and is not, taken into account.

Very weak associations were found between the level of grandmother involvement in childcare and intergenerational reports of discord over childcare issues. There are five significant correlations following no particular pattern: with the exception of the association

between mothers' perception of the discrepancy in the dyads nurturance levels, the correlations are very small reaching significance as a function of the large sample size.

Table 4.3.6b shows that associations were restricted to those between grandmothers' ratings of actual, expected and ideal involvement, and the mothers' perceptions of the discrepancy in the dyads nurturance. The correlations demonstrate a consistent pattern of associations. However, the correlations are very weak and again the significance may be explained by the sample size. The consistency in the pattern of correlations may be explained by the strength of the correlations between the three measures of grandmother involvement (see chapter three, tables 3.4.7a & 3.3.7b).

<u>Mothers' ratings of Grandmother Involvement</u>			
	Actual	Expected	Ideal
<u>Disagreement</u>			
Mother	-.16*	-.01	-.04
Grandmother	-.14	-.10	-.07
<u>Argument</u>			
Mother	-.12	.03	.02
Grandmother	-.06	-.10	-.05
<u>Actual Discrepancy</u> <u>of Child Rearing</u>			
Nurturance	-.10	-.11	-.12
Restrictiveness	.11	.17*	.21*
<u>Mothers' Perceived Discrepancy</u> <u>over Child Rearing</u>			
Nurturance	-.33**	-.10	-.16*
Restrictiveness	-.13	-.00	-.06
<u>Grandmothers' Perceived Discrepancy</u> <u>over Child Rearing</u>			
Nurturance	-.03	-.03	-.04
Restrictiveness	.03	.02	.05

Table 4.3.6a; The associations between mothers' reports of the level of grandmother involvement and reports of conflict and discrepancy over attitudes to child care.

Note The values shown in the table are Pearson's r values

* indicates that $p < .05$, ** indicates that $p < 0.01$.

The number of participants ranged between: 171 – 181 for analyses based only on the mothers' ratings; 141 – 151 for analyses involving grandmother ratings.

<u>Grandmothers' ratings of Involvement Levels</u>			
	Actual	Expected	Ideal
<u>Disagreement</u>			
Mother	-.05	-.01	-.01
Grandmother	.04	.04	.03
<u>Argument</u>			
Mother	-.04	.06	.06
Grandmother	.11	.10	.06
<u>Actual Discrepancy</u> <u>of Child Rearing</u>			
Nurturance	-.02	-.03	-.05
Restrictiveness	.07	.07	.08
<u>Mothers' Perceived Discrepancy</u> <u>over Child Rearing</u>			
Nurturance	-.19*	-.19*	-.17*
Restrictiveness	.02	.09	.08
<u>Grandmothers' Perceived Discrepancy</u> <u>over Child Rearing</u>			
Nurturance	.07	-.07	-.13
Restrictiveness	.13	.03	.01

Table 4.3.6b; The associations between grandmothers' reports of the level childcare involvement and reports of conflict and discrepancy over attitudes to child care.

Note The values shown in the table are Pearson's r values

* indicates that $p < .05$, ** indicates that $p < .01$

The number of participants ranged between: 171 – 181 for analyses based only on the mothers' ratings; 141 – 151 for analyses involving grandmother ratings.

The pattern of associations found between absolute ratings of the grandmaternal involvement levels and intergenerational discordance are unclear, therefore suggesting that an analysis exploring the effect of tailored grandmothing on discordance levels would be beneficial.

4.3.7. Are mother perceptions of fit between actual, expected and ideal levels of grandmaternal involvement related to conflict and parenting attitudes discrepancy?

Before going on to explore the difference between grandmothing which is ‘over’ or ‘under’ involved, it was first decided to explore the relationship between dyads’ ratings of conflict and discrepancies in parenting attitudes, with scaled ratings of both the mother’s ‘satisfaction with involvement’ and her ‘realisation of expectations’. These scaled ratings did not differentiate between over and under involvement, rather they simply assessed the degree to which the mothers’ wishes and ideals had been fulfilled. This was achieved by subtracting mothers’ ideal and expected levels of involvement from their reports of actual grandmother involvement. The plus and minus signs were then ignored in the correlation analyses with the ‘discordance’ variables. A rating of zero indicated a perfect match between maternal ideals / expectations and the level of involvement they experienced. The results of these correlation analyses can be found in table 4.3.7a.

The results of the correlation analyses shown in table 4.3.7a (with the exceptions of the relationships with discrepancies in mother - grandmother nurturance / restrictiveness and grandmaternal perceptions of this discrepancy) indicate that there is a *very weak* positive trend in the expected direction; suggesting that dyads in which the mother’s ideals and expectations are not met *may* experience slightly more intergenerational discordance. The correlations which reached significance tended to include maternal *perceptions* of relationship discordance, indicating that perceived rather than actual differences in mother – grandmother attitudes are important in understanding intergenerational interaction patterns.

The results of these analyses were supportive of the need to go on and explore the ‘tailoredness’ of grandmother involvement in more detail by the inclusion of ‘under’ and ‘over’ involvement in the analyses.

<u>Mothers' ratings of Involvement Levels</u>		
	<u>'Satisfaction with Involvement'</u>	<u>'Realisation of Expectation.'</u>
<u>Disagreement</u>		
Mother	.07	.09
Grandmother	.12	.12
<u>Argument</u>		
Mother	.08	.16*
Grandmother	.07	.03
<u>Actual Discrepancy</u>		
<u>of Child Rearing</u>		
Nurturance	-.09	-.06
Restrictiveness	.11	.05
<u>Mothers' Perceived Discrepancy</u>		
<u>over Child Rearing</u>		
Nurturance	.20**	.20**
Restrictiveness	.14	.22**
<u>Grandmothers' Perceived Discrepancy</u>		
<u>over Child Rearing</u>		
Nurturance	-.07	.04
Restrictiveness	.15	-.02

Table 4.3.7a; The associations between mothers' 'satisfaction with involvement' and 'realisation of expectations' with the dyads' reports of conflict and discrepancy over attitudes to child care.

Note The values shown in the table are Pearson's r values

* indicates that $p < .05$, ** indicates that $p < .01$

The number of participants ranged between: 171 – 181 for analyses based only on the mothers' ratings; 141 – 151 for analyses involving grandmother ratings.

'satisfaction with involve = actual – ideal' 'realisation of expect. = actual - expected'

Table 4.3.7b shows the mean levels of conflict and discrepancies over child rearing for mothers in relation to FiE. Observation of the means demonstrated that the associations with the discrepancy scores of derived intergenerational discord over childcare, for actual and grandmother perceived ratings, did not relate to the levels of fit in the expected manner. For the remaining discord scores it could be seen that in some cases receiving more grandmother involvement than expected / ideally wanted was actually associated with lower levels of discordance than receiving the level anticipated or wanted. This was not viewed as problematic in terms of the hypothesised relationships. Scores for argument and disagreement as well as actual and perceived discrepancies between parenting attitudes were introduced into a series of one-way ANOVAs with FiE categories ("less", "as expected", "more") as the IV. FiE was associated with mother's but not grandmother's views of conflict. Post-hoc comparisons showed that the 'less' group differed significantly from the other two groups. This group reported more conflict than the other two groups. The pattern of results was similar for the measures of perceived, but not actual, discrepancy between child rearing attitudes. Mothers who thought that they received too little support reported a greater discrepancy between their views and the perception of their mother's views. This was confirmed by LSD tests. There was no difference between the "as expected" and the "more" groups.

Table 4.3.7c shows the relationship between FiI and conflict and discrepancy. The same pattern of associations exist for FiI as for FiE. Conflict was greater according to mothers in the group that received too little support rather than too much support. Furthermore the FiE pattern was repeated for the measures of actual and perceived discrepancy between child rearing attitudes with the "less" group differing significantly from the other two groups on perceived discrepancy over nurturance and from group two over perceived discrepancy over restrictiveness.

	"less" (N=37)	"as expected" (N=97)	"more" (N=39)	<i>F</i>
<u>Disagreement</u>				
Mother	13.7(4.3)	11.8(4.7)	10.5(4.0)	4.75*
Grandmother	11.5(4.3)	9.3(4.8)	10.1(3.4)	2.55
<u>Argument</u>				
Mother	8.9(3.7)	7.2(2.1)	7.0(1.7)	7.45**
Grandmother	7.2(2.4)	6.4(2.1)	6.9(1.8)	2.10
<u>Actual Discrepancy of Child Rearing</u>				
Nurturance	5.4(5.8)	6.2(4.6)	6.2(4.8)	0.28
Restrictiveness	18.6(20.6)	12.4(10.3)	14.1(11.4)	2.33
<u>Mothers' Perceived Discrepancy over Child Rearing</u>				
Nurturance	14.3(14.2)	8.8(10.8)	5.8(5.9)	5.92**
Restrictiveness	21.2(17.5)	12.6(11.0)	14.1(11.4)	5.91**
<u>Grandmothers' Perceived Discrepancy over Child Rearing</u>				
Nurturance	5.8(5.9)	4.4(4.6)	5.8(4.6)	1.50
Restrictiveness	10.0(7.8)	9.8(10.2)	9.9(11.2)	.00

Table 4.3.7b The mean scores for conflict and discrepancies over parenting attitudes for different levels of fit between actual and expected involvement.

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

The values shown in the table are one-way analysis of variance *F* values

** indicates that $p < 0.01$.

	"less" (N=38)	"as wanted" (N=98)	"more" (N=36)	<i>F</i>
<u>Disagreement</u>				
Mother	13.9(4.2)	11.8(4.8)	10.2(4.0)	6.25**
Grandmother	11.5(3.7)	9.6(5.0)	9.2(3.4)	2.59
<u>Argument</u>				
Mother	8.7(3.5)	7.4(2.2)	6.6(1.3)	7.07**
Grandmother	6.9(2.3)	6.6(2.3)	6.7(1.1)	0.29
<u>Actual Discrepancy of Child Rearing</u>				
Nurturance	5.6(5.6)	6.3(4.5)	5.9(5.2)	0.22
Restrictiveness	17.1(19.2)	12.9(11.3)	13.6(7.9)	1.12
<u>Mothers' Perceived Discrepancy over Child Rearing</u>				
Nurturance	13.4(13.1)	8.7(10.6)	6.3(8.3)	3.99*
Restrictiveness	19.2(16.1)	12.9(11.9)	14.6(10.5)	3.26*
<u>Grandmothers' Perceived Discrepancy over Child Rearing</u>				
Nurturance	5.3(5.2)	5.3(5.2)	4.0(3.4)	.69
Restrictiveness	10.4(8.6)	9.0(8.9)	11.5(14.3)	.70

Table 4.3.7c; The mean scores for conflict and discrepancies over parenting attitudes for different levels of fit between actual and ideal involvement.

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

The values shown in the table are one-way analysis of variance *F* values

* indicates that $p < 0.05$, ** indicates that $p < 0.01$.

Some basic post-hoc analyses were carried out to determine whether the simplistic measure of ‘relationship quality’ included in the questionnaire instrument² could help to determine the possible effect of overall relationship quality on the pattern of results seen between low levels of grandmother involvement and high levels of intergenerational discordance. Correlations indicated that ‘relationship quality’ was related to all the measures of intergenerational discordance in question (ranging between $r = .35$ ($p < .001$) to $r = .50^{**}$ ($p < .001$)). The pattern of correlations seen between the two (non-categorical) measures of ‘realisations of expectations and ideals’ and the relevant measures of intergenerational discordance, also demonstrate correlations in the expected direction although these were weaker. For all the measures other than mothers’ perception of restrictiveness correlations ranged between $r = -.22$ ($p = .003$) and $r = -.28$ ($p < .001$). The associations between perceived restrictiveness were $r = -.17$ ($p = .03$) for realisation of expectation and $r = -.11$ ($p = .16$) for realisation of ideal. When ‘relationship quality’ was controlled for the associations between ‘tailoredness’ and discord were no longer present, indicating the relationship quality may play a role in determining both these variables. These results should, however, be treated with extreme caution as the levels of association between tailoredness (when used in its raw non-categorical form) and intergenerational discordance are weak. Therefore the relationship may not have been strong enough to be apparent when an additional variable was controlled for.

4.3.8 Are Grandmother's Perceptions of Fit between Actual, Expected and Ideal levels of Grandmaternal Involvement Related to Conflict and Parenting Attitudes Discrepancy?

As with the analyses of the mothers’ perceptions of ‘fit’ in association with relationship discordance, before going on to assess the impact of grandmaternal ‘under’ and ‘over’ involvement in childcare, it was first decided to assess the relationships using the scaled ratings of grandmothers’ assessments of maternal ‘satisfaction with involvement’ and ‘realisation of expectations’. These were calculated in the same way as they were for the maternal ratings of grandmother involvement, see section 4.3.7. The results of the analyses can be found in table 4.3.8a.

² The measure of relationship quality being referred to is the single likert scale type item at the end of the ICS which asks mothers and grandmothers to make a global quality assessment of their relationship, ranging from 1 = Excellent, 3 = Fair, 5 = Poor.

<u>Grandmothers' ratings of Involvement Levels</u>		
	<u>'Satisfaction with Involvement'</u>	<u>'Realisation of Expectation.'</u>
<u>Disagreement</u>		
Mother	-.05	-.07
Grandmother	-.02	.03
<u>Argument</u>		
Mother	.03	.02
Grandmother	.01	-.01
<u>Actual Discrepancy</u>		
<u>of Child Rearing</u>		
Nurturance	.04	.04
Restrictiveness	-.06	-.01
<u>Mothers' Perceived Discrepancy</u>		
<u>over Child Rearing</u>		
Nurturance	-.07	.08
Restrictiveness	-.08	-.05
<u>Grandmothers' Perceived Discrepancy</u>		
<u>over Child Rearing</u>		
Nurturance	.26**	.25**
Restrictiveness	.11	.11

Table 4.3.8a; The associations between grandmothers' ratings of maternal 'satisfaction with involvement' and 'realisation of expectations' with the dyads' reports of conflict and discrepancy over attitudes to child care.

Note The values shown in the table are Pearson's *r* values

* indicates that $p < .05$, ** indicates that $p < .01$

The number of participants ranged between: 171 – 181 for analyses based only on the mothers' ratings; 141 – 151 for analyses involving grandmother ratings.

'satisfaction with involve = actual – ideal' 'realisation of expect. = actual - expected'

Table 4.3.8a shows that, with the exception of grandmothers' perceptions of discrepancy in nurturance, there was no discernible trend between the dyads' discordance levels and grandmaternal ratings of 'tailoredness'. The association with grandmothers' perceptions of discrepancies in nurturance was, however, in the expected direction. Grandmothers who perceived there to be notable discordance in theirs' and their daughters' nurturant attitudes, also perceived themselves to be further from meeting their daughters needs than dyads who were more 'attuned'.

Although the results of the correlation analyses shown in table 4.3.8a do not indicate a strong relationship between grandmaternal perceptions of tailoredness and dyadic discordance levels, neither did the results contradict the possibility that 'under' and 'over' grandmother involvement is important in understanding the nature of grandmother – mother relationships. Therefore a more detailed analyses of 'fit' was carried out using the same methodology as for the mothers' data, see section 4.3.7.

Table 4.3.8b shows the associations between grandmaternal FiE and conflict and parenting attitude discrepancy. Once again these data were submitted to a series of one-way ANOVAs and LSD post hoc tests were used to explore group differences.

The only significant effect of FiE was on mothers' views of disagreement. Posthoc tests showed that this effect was due to the "less" group having *less* disagreement than the other two groups. However, given the number of tests carried out this result should be treated with caution.

Table 4.3.8c displays the association between FiI and conflict and discrepancy over child rearing issues. There were only two significant results, one of which (between the MGM perception of discrepancies in nurturance and the fII ratings) was only of border line significance ($p = 0.05$). LSD posthoc analyses revealed that the grandmother's view of childcare arguments was significantly greater for the "more" group than for the other two groups, and that grandmothers' ratings of the level of discrepancy in the dyad's nurturance was higher in the "more" group than in the "ideal fit" group. Again given the number of tests being performed these results should be treated with caution.

	"less" (N=35)	"as wanted" (N=84)	"more" (N=33)	<i>F</i>
<u>Disagreement</u>				
Mother	10.0(4.0)	12.6(4.2)	11.4(5.0)	4.27*
Grandmother	8.8(3.6)	9.6(3.6)	10.7(6.1)	1.68
<u>Argument</u>				
Mother	7.2(2.3)	7.4(2.4)	7.3(1.9)	0.14
Grandmother	6.1(1.6)	6.7(2.0)	6.8(1.9)	1.65
<u>Actual Discrepancy of Child Rearing</u>				
Nurturance	5.8(4.8)	6.4(5.2)	5.6(4.1)	0.35
Restrictiveness	14.2(11.3)	12.7(10.9)	16.8(18.3)	1.16
<u>Mothers' Perceived Discrepancy over Child Rearing</u>				
Nurturance	7.4(9.7)	9.6(9.9)	7.8(10.5)	0.68
Restrictiveness	12.8(12.9)	14.0(11.9)	12.6(12.9)	0.12
<u>Grandmothers' Perceived Discrepancy over Child Rearing</u>				
Nurturance	5.4(4.9)	4.6(4.8)	6.3(5.2)	1.40
Restrictiveness	6.3(5.8)	10.4(9.8)	11.7(12.0)	3.00

Table 4.3.8b; The mean scores for conflict and discrepancies over parenting attitudes for different levels of fit between actual and expected involvement, as 'perceived' from the grandparent's point of view.

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

The values shown in the table are one-way analysis of variance *F* values

* indicates that $p < 0.05$

	"less" (N=35)	"as wanted" (N=84)	"more" (N=33)	<i>F</i>
<u>Disagreement</u>				
Mother	11.4(4.2)	12.0(4.6)	11.6(5.1)	0.22
Grandmother	9.5(4.1)	9.4(3.3)	11.1(6.7)	1.71
<u>Argument</u>				
Mother	7.8(2.5)	7.4(2.7)	7.0(1.6)	0.77
Grandmother	6.9(2.1)	6.3(1.8)	7.3(1.7)	3.52*
<u>Actual Discrepancy of Child Rearing</u>				
Nurturance	6.0(4.8)	6.0(4.9)	6.4(4.7)	0.07
Restrictiveness	11.9(7.0)	15.1(14.9)	13.7(13.9)	0.68
<u>Mothers' Perceived Discrepancy over Child Rearing</u>				
Nurturance	8.5(10.4)	9.8(10.7)	7.0(10.5)	0.98
Restrictiveness	11.6(11.8)	16.3(14.5)	11.4(12.9)	2.41
<u>Grandmothers' Perceived Discrepancy over Child Rearing</u>				
Nurturance	5.2(5.6)	4.5(4.2)	7.1(5.5)	3.13*
Restrictiveness	10.3(12.7)	8.4(6.5)	12.2(12.2)	1.76

Table 4.3.8c; The mean scores for conflict and discrepancies over parenting attitudes for different levels of fit between actual and ideal involvement, as perceived from the grandparent's point of view.

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

The values shown in the table are one-way analysis of variance *F* values

* indicates that $p < 0.05$

4.4. Discussion – Summary of Main Findings

The most important finding to come out of these analyses was the establishment of ‘*tailoredness*’ as a useful construct in understanding grandmother – mother relationships. This was demonstrated by the absence of consistent patterns of association between the absolute levels of grandmother involvement in childcare and intergenerational discord, thus ruling out the possibility of a simple association between levels of discord and involvement. It was, however, found that mothers who perceived grandmothers to be under-involved in childcare, in terms of both their ideals and expectations, reported higher levels of disagreement and more significantly argument with the grandmother. This held true for both acknowledged disagreement and the derived discrepancy scores assessing the mothers’ perception of differences in the dyads’ child rearing attitudes. Thus it can be seen that the measure of tailoredness enabled a more authentic view of grandmother – mother relations.

The value of asking mothers to make self-assessments as to the levels of intergenerational support they required, was further demonstrated by the absence of relevant relationships between the measures of grandmother involvement and the situational variables which might be theoretically predicted to shape maternal requirements for support.

The importance of measuring perceptions of difference was also clearly demonstrated, as they supplied an alternative and, arguably, more useful viewpoint than self-ratings alone provided. This was illustrated by the pattern of associations between dyads’ reports of intergenerational conflict and differences in childcare attitudes: the only consistent association between these two variables was between mother’s and grandmother’s reports of acknowledged discord over childcare and the ‘discrepancies’ in their parenting attitudes. For example associations were found between mothers’ reports of agreement and disagreement over childcare and their *perceptions* of discrepancies in the dyad’s parenting attitudes.

4.4.1 Interpretation of Findings – The Relationship between the Situational factors and the ratings of grandmaternal involvement in childcare.

Previous studies have consistently identified factors associated with low SES, inadequate social support networks and difficult child temperaments, as placing mothers at risk of experiencing poor mental health and parenting difficulties (Bornstein, 1995; Brown & Harris, 1968; Burchinal et al, 1996; Duncan, et al, 1994; Gotlib, 1981; Haggerty, 1990; Herrenkohl, et al, 1995; Hubert et al, 1982; MacPhee, et al, 1996; Mueller, 1980). Research has also demonstrated the dependence of at risk mothers on grandmaternal support. For

example, studies have shown teenage-mothers to be heavily reliant upon grandmother assistance (Burton, 1990; Crumidy & Jacobziner, 1966; Faigel, 1967; Furstenberg, et al, 1976; Grow, 1979; Lamb, 1990; Taylor, et al, 1993; Taylor & Roberts, 1995; Wagner & Slemboski, 1968; Wilson, 1986). Therefore, it might be expected that in situations where the mother is at risk due to one, or a combination of these situational variables, the ideal or appropriate level of grandmother involvement would be relatively high. This contention was not supported by the results of our study.

In regard to the current study's findings, firstly it can be summarised that there were no relevant relationships between mothers' or grandmothers' ratings on the ISAGS and the situational variables. This indicates that neither SES, social support or child temperament, were useful in determining the level of ideal grandmother involvement as a response to maternal needs. A significant relationship was found between grandmothers' / mothers' reports of actual grandmaternal involvement in childcare and the level of social support available to the mother. This, however, simply demonstrated that in situations where the grandmother provided low levels of childcare assistance, the mothers were similarly under supported by their social network. This relationship did not appear to demonstrate a pattern of grandmaternal sensitive responsiveness to mothers' needs. When this was compared with maternal reports of ideal grandmother involvement across the three social support levels, however, it could be seen that in one sense grandmother involvement was tailored to the mothers: not in regard to their situation, but in regard to their wishes. This 'tailoring' was demonstrated by the fact that mothers in the low social support category also reported the lowest levels of ideal grandmaternal involvement. This pattern of results demonstrates the potential inadequacy of attempting to understand grandmother – mother relationships, by imposing external measures predicted to determine appropriate levels of intergenerational involvement.

It could be argued that this lack of association between the situational factors known to place mothers at risk from stress, and the level of grandmother involvement is a function of the sample recruited into the current study. For, as has been discussed in the previous chapter, the relationship between social support and the other variables measured may have been affected by the under-representation of low SES dyads, resulting in the minimisation of the relative adversity levels being faced by mothers in our sample.

It is true that the current sample of mother-grandmother dyads appeared to be at little risk, as demonstrated by the low levels of anxiety, depression, intergenerational conflict and economic adversities (as assessed by SES), reported by mothers. There is, however, a great

deal of diversity highlighted within the grandmothering literature, testifying to the fact that apparently ‘helpful’ grandmother involvement has often been associated with negative mother – infant outcomes (for a review see chapter one section 1.3). Thus it would seem that the pattern of responses illustrated by our sample of mothers, indicating that although mothers may appear to need grandmothers’ assistance they do not wish to receive such help, may be representative of the reality of many grandmother – mother relationships.

It would, therefore, seem that our hypothesis regarding the importance of taking into account both current and historic factors, when assessing the appropriateness of grandmaternal assistance, has been supported. The proceeding section will explore (amongst other issues) whether or not the derived measures of *fit* which describe a mother’s satisfaction with support, successfully encapsulated the factors relating to the appropriateness of grandmother involvement.

4.4.2 Interpretation of Findings – The Relationship between Intergenerational Disagreements and Arguments.

The literature highlights the fact that many grandmother – mother dyads successfully negotiate situations which might lead to conflict, with research outlining the establishment of ‘de-militarised zones’ as one strategy employed to prevent contentious issues leading to arguments (Hagestad, 1985; Hansen & Jacob, 1992). Research into the impact of developmental role investments on an individual’s behaviour and perception of events, also suggests that grandmothers have an interest in minimising conflict due to a desire for intergenerational continuity (Bengston & Kuypers, 1971; Fingerman, 1995).

The level of association between disagreement and conflict found by the current study was supportive of previous research findings, as although high levels of disagreement and argument tended to be reported by the same individuals (an association which would be fully anticipated) the correlations were only of a moderate level. This suggested that dyads which held differing opinions on a subject could agree to disagree, disagreement did not necessarily lead to argument.

4.4.3 Interpretation of Findings – The Relationship between Different aspects of Intergenerational Discrepancies in Childcare Attitudes.

The lack of significant associations between absolute intergenerational discrepancies in nurturance and restrictiveness with any other measures of difference in childcare attitudes, may be explained by the high levels of similarity seen in mother / grandmother self-

assessments on the CRPR (See chapter three, section 3.4.1.).

Analyses carried out in chapter three section 3.4.2. demonstrated, that although weaker than the discrepancies perceived by mothers, grandmothers do view their daughters as significantly more nurturant and restrictive than themselves. The current finding of the non-association between grandmothers' perception of differences in intergenerational nurturance and restrictiveness, implies that grandmothers who consider their daughters to be more nurturant, are not the same grandmothers who perceived their daughters to be more restrictive. This finding would appear to be reasonable, and as such was not viewed as undermining the validity of this measure.

The modest level of association between mothers' perception of intergenerational differences in nurturance and restrictiveness, suggests that although mothers who perceive one aspect of their parenting to differ from the grandmothers are more likely to perceive another aspect of their parenting to differ, intergenerational differences in restrictiveness and nurturance are nevertheless distinct from one another. It is, therefore, possible for a mother to perceive there to be intergenerational differences in nurturance for example, but not in restrictiveness. This might be regarded as supporting the specific nature of perceived differences in parenting ideals, as opposed to such discrepancies being attributable to a mother's overall perception of intergenerational distinctiveness / uniformity. Thus it may not be applicable to explain mothers' tendencies to view their parenting attitudes as distinct from the grandmothers', purely in terms of developmental role investments relating to the desire for independence. This brings into question the degree to which theories relating to the developmental stake may explain the mothers' tendency to view their parenting beliefs as distinct from the grandmothers'. It may, therefore, be that the mothers' developmental history, in regard to grandmaternal parenting practices, accounts for a significant degree of their perceptions relating to discrepancies in child rearing attitudes.

4.4.4 Interpretation of Findings – The Relationship between Mothers' and Grandmothers' reports of Intergenerational Discord and Childcare Discrepancy Scores.

The exploration of associations between acknowledged intergenerational discord and the derived measures of intergenerational discrepancy in childcare attitudes were of importance on a number of levels.

Firstly, the positive association found between mothers' ratings of acknowledged discord and the derived measure of perceived maternal discord (ie. the discrepancies

between CRPR scores) indicated that mothers who perceived differences in intergenerational child rearing attitudes also reported higher levels of acknowledged discord. This was seen as validating both the ICS for use with mothers, and the measurement of perceived child rearing attitudes.

The absence of associations between grandmothers' ICS ratings and perceived differences in child rearing attitudes, may be accounted for by the low ratings of acknowledged discord reported by grandmothers. This brings into question the usefulness of the ICS, or indeed any measure of acknowledged intergenerational discordance, with grandmothers. The fact that the derived measure of discord revealed significant intergenerational discrepancies in grandmothers perceptions of child rearing attitudes, whereas no such differences were acknowledged on the ICS, supports the contention that role investments and the developmental stake may significantly impact upon grandmothers' preparedness to acknowledge intergenerational conflict (Fingerman, 1995).

It is also possible that issues relating to the developmental stake might be associated with both the mothers' acknowledged and derived measures of discord, as such an influence would be expected to elevate both rating levels in the same ways (Fingerman, 1995). Thus the impact of role investments was not limited to grandmothers.

The lack of associations between any of the variables, which have thus far not been discussed, could simply be accounted for by the absence of discord as reported by grandmothers on the ICS, and the lack of intergenerational discrepancies seen between mothers' and grandmother's self-reported CRPR scores.

4.4.5. Interpretation of Findings – The Relationship between Absolute Levels of Grandmother Involvement in Childcare, and the Level of Intergenerational Discordance.

The analyses of relationships between absolute levels of intergenerational involvement in childcare and ratings of acknowledged and derived childcare discordance, did not produce any clear patterns of association. The only correlation which reached a low-moderate level, was between mothers' ratings of actual grandmother involvement and mothers' perceptions of intergenerational discrepancies in nurturance. The remaining correlations which reached significance, represented very low levels of association and failed to follow a coherent pattern across the variables. It was therefore concluded that these associations had only achieved significance as a function of the large sample size and the number of associations being tested. For this reason it was felt that to treat the

correlations in question as significant would lead to type 1 errors being made, they were therefore disregarded as being unreliable.

Based on the findings reported, it would be necessary to conclude that the level of grandmother involvement was not related to intergenerational discordance: an assumption which given the weight of both theoretical and past research evidence to the contrary (Barrera, 1981; Belle, 1982; Brody, et al, 1998; Cochran, et al, 1990; Cooleu & Unger, 1991; Musick, 1993; Richardson, et al, 1991; Voight, et al, 1996), would clearly be suspect. Thus it was felt that the construct of ‘tailoredness’ would add to the understanding of grandmother – mother relations.

4.4.6. Interpretation of Findings – Are the measures of ‘Tailoredness’ related to Intergenerational childcare Discordance?

When comparisons were drawn between mothers whose expectations and ideals relating to grandmother involvement had, and had not been realised, the presence of significant relationships with intergenerational discord became clear. Significant relationships were identified between all of the measures of intergenerational discordance based on mothers’ views, and both FiE & FiI measures of tailoredness.

The significant relationships found in relation to tailoredness, which often demonstrated that either under / over involvement was associated with more positive outcomes than an ‘as wanted’ fit (although these differences were not significant). This was not viewed as problematic in terms of the hypothesised relationships between the levels of grandmother involvement, as in all cases these findings might be explained by the fact that our ‘over-involved’ group enjoyed very good intergenerational relations, and as such higher than anticipated levels of grandmothing were not problematic for the mothers’. Although this rationale could be theoretically predicted, as demonstrated in the ‘over-involved’ model (figure 5.3.2.1b), the validity of this theory in relation to our sample was only confirmed by the analyses carried out in the preceding chapter.

The consistent pattern of effects seen between the FiE (realisation of Expectations) and FiI (realisation of Ideals) scores, and the levels of acknowledged and derived childcare discordance, were seen as supporting the validity of ‘tailoredness’ as a means of assessing intergenerational relationships.

It was consistently found that mothers who rated the grandmother as under-involved also rated there to be higher levels of intergenerational discordance. This was the case for both ‘realisation of expectations’ and ‘realisation of ideals’. Thus, it would seem that

under-involvement and over-involvement carry differing implications in terms of discordance. A number of possible explanations to account for this finding may be found in the literature. These include the possibility that grandmothers' under-involvement is a function of intergenerational disagreement. The links between the giving and receiving of support postnatally have been identified as an area of potential conflict between mothers and grandmothers (Hansen & Jacob, 1992). When this is coupled with the literature outlining the importance grandmothers place on avoiding conflicts with their daughters (Bengston & Kuypers, 1971; Burton, 1990; Cherlin & Furstenberg, 1986; Fingerman, 1995; Hagestad, 1985; Leek & Smith, 1991; Neugarten & Weinstein, 1964; Sticker, 1991; Sussman, 1985) it might be concluded that grandmothers whose early post-partum experiences with mothers were conflictual, withdraw their involvement in order to avoid confrontations. Although this conclusion would seem to be compatible with the pattern of results found by the current study, the lack of significant effects in relation to grandmothers ratings of acknowledged discord do provide a problem with determining the validity of such an explanation. For the following reasons it was not possible to successfully assess the nature of this relationship based on the levels of discord reported by grandmothers:

- (i) Probably due to role investment related issues the grandmother component of our sample were apparently unprepared to report / or unconscious of intergenerational discord.
- (ii) Although using derived measures based on the CRPR it was possible to determine the level of disagreement grandmothers perceived over childcare rearing issues, this does not necessarily reflect in conflict levels, as it is possible to agree to disagree.
- (iii) The pattern of relationships between grandmother under-involvement and the four measures of intergenerational discord based on mothers' ratings, suggested that it was acknowledged discord and argument in particular which were most strongly related to FiI and FiE scores.

The combination of these factors meant that although the absence of a relationship between grandmaternal perceptions of intergenerational attitudes and low levels of grandmother involvement, might bring into question the role of 'grandmother avoidance tactics' in explaining the findings in question, no firm conclusions could be drawn on this subject.

Another possible explanation is that the elevated levels of intergenerational conflicts seen within dyads in which the grandmother is under-involved, are a function of maternal reactions to their displeasure with grandmothers' seeming disinterest.

Alternatively the pattern of findings may be explained as a function of the dyads' relationship style, with the overall quality of their relationship accounting for both the failure of grandmothers to provide appropriately high levels of support, and the high levels of intergenerational discordance seen in their relationship. As the post-hoc analyses in section 4.3.6. demonstrated, this is a viable possibility. It must, however, be noted that both the suitability of the data for assessing such an association, and the validity of the measure of 'relationship quality', cast serious doubts upon the reliability and validity of this finding. As such it should be treated with extreme caution, and viewed as a suggestion for further study rather than a 'finding' per se.

The relatively smaller effects seen between the FiI measures with mothers' perceptions of intergenerational child rearing discrepancies, in comparison to the FiE measure, were viewed as potentially important. There was no easily assessable reason for this difference. It seemed plausible, however, that the reason for this difference was that unrealised ideals may be a function of unavoidable circumstance, whereas unrealised expectations differ, in that expectations would normally be couched in reality, for example mothers would not anticipate baby-sitting assistance from a grandmother living hundreds of miles away. Thus the realisations of expectations and ideals may carry differing significance for mothers. It may be that a subsequent effect of unrealised expectations is a maternal tendency to view the grandmother in a more negative light, which is in turn reflected in the measure of childcare attitudes as a heightened discrepancy score. At this stage the existence of such an association is purely speculative, requiring further study and the employment of more qualitative techniques in order to illuminate the issue. Based on the pattern of results seen, unrealised expectations and ideals are undoubtedly highly linked constructs, yet there are subtle indications that these two measures do relate to functionally different aspects of the grandmother – mother relationship. It may be hypothesised that within a sample where there is greater discrepancy between the needs of mothers and the support they receive, such differences may become clearer. It would certainly be of interest to explore the separate roles of 'realisation of expectations and ideals' in more detail.

There were only three significant effects between grandmothers' ratings of tailoredness and intergenerational discordance. These did not follow any particular pattern which, when the number of analyses were taken into consideration, increased the risk of making a type I

error. For this reason it was safest to conclude that there was no clear relationship between grandmothers' ratings of tailoredness and discord.

The absence of any association between grandmothers' ratings of tailoredness and intergenerational discordance is most readily explained by a combination of the following factors. (i) Grandmothers' measures of tailoredness were based upon their own rating of actual involvement levels, however, their ratings of expectations and ideals were based on their perceptions of *mothers*', thus the relationship between the three different aspects of grandmaternal involvement as assessed by grandmothers were probably over-complex. (ii) This subsequently resulted in an absence of an appropriate viewpoint in relation to intergenerational discord, with which measures of tailoredness matched, thereby reducing the likelihood of significant associations being found. (iii) Lastly grandmothers' reports of acknowledged discord were in general very low, and as a result associations with this set of variables was unlikely. It is therefore arguable that a combination of limitations in the grandmother tailoredness measure, in regards to its suitability for comparison with measures other than the maternal ISAGS, and the reluctance of grandmothers to report discordance together explain the lack of associations highlighted.

Based upon the evidence outlined above it could be safely concluded that the mothers' measure of tailoredness, created in order to explore the nature of grandmother – mother relations, provided a useful tool for the conceptualisation of intergenerational relationships.

4.5 Conclusions

The aim of the current chapter was to explore the role of 'Tailoredness of Grandmother Involvement' in explaining the discrepancies found within the body of grandmothers' literature. In order to achieve this aim the following issues were explored:

Firstly the theoretical importance of 'tailoredness' in relation to the divergence seen within the grandparenting literature was considered. The available literature supported our contention that in order to successfully understand grandmother – mother relationships, in regard to the appropriateness of grandmaternal support for their daughters, it is necessary to take into account both the *practical* and *emotional* needs of mothers as well as considering their *wishes*. This process involves accounting for not only situational circumstances but also the dyads current relationship style and their relationship history. Attempts to describe the quality of grandmother – mother relationships without taking all of the above factors into consideration are likely to be faulty.

Due to the highly complex nature of the factors determining the quality of grandmother – mother relationships it may be argued that our measure of ‘tailoredness’, derived via mothers’ self-reports of actual, expected and ideal levels of grandmother involvement, provides the most sensible quantitative approach to the exploration of intergenerational relationships. This is because it enables all aspects of the current and historic grandmother – mother relationship to be accounted for.

It was also felt that the literature (reviewed in chapter three) was supportive of our contention, that when making predictions in relation to grandmothing outcomes, it is not only important to consider absolute differences in mother – grandmother attitudes but also their perceptions of difference.

Secondly, the theories behind our hypotheses were tested with UK based sample of grandmother – mother dyads. This achieved four main aims:

- (i) The measures employed within the study were validated for use with mothers in the exploration of intergenerational relationships, as support for both concurrent validity and predictive validity were found.
- (ii) The usefulness of tailoredness or ‘satisfaction with grandmother’ involvement as a construct was established. The value of tailoredness was confirmed, as an exploration of the dynamics between intergenerational patterns of involvement and conflict was enabled; a relationship which was not assessable with the employment of absolute measures of involvement. Neither were the situational measures useful in determining appropriate levels of grandmother involvement, in fact they might be viewed as misleading. This was made apparent by the comparison between grandmother support of her daughter and the availability of alternative network based support; which suggested that grandmothers were insensitive to their daughters’ needs. When this relationship was explored within the context of *mothers’ wishes*, this was not found to be representative of the dyadic situation, as grandmothers appeared to be responding to the mothers’ *desires* for support rather than their apparent situational needs. This does not preclude the overall quality of their relationship being the explanatory underlying factor, as poor grandmother – mother relations may determine both the actual level of grandmother involvement and maternal desires for grandmother

assistance. But to make this assumption based on the available evidence provided by absolute measures would be faulty / inappropriate.

- (iii) An exploration of the relationship between the tailoredness of grandmothing and intergenerational outcomes in terms of conflict was also achieved. Thus the findings from this study provide a valuable source of information regarding the nature of the contemporary grandmother – mother relationship within a UK based sample. A summary of our main conclusions in regards to the dynamics of this particular sample of grandmother – mother dyads, will be outlined below.
- (iv) Finally, an exploration of the usefulness of the ‘tailoredness’ measure in addressing some of the divergent findings within the grandmothing literature was achieved. As was outlined in section 4.1.2., grandmother – mother relationships are highly complex and enmeshed. This resulted in attempts to assess the appropriate levels of grandmother involvement in terms of beneficial outcomes, being highly complicated; a factor which may account for much of the diversity in the literature. Therefore, our solution to this problem, which takes into account all factors whilst being simple to assess, has the potential to eliminate much of this discrepancy.

In order to assess the value of our approach it was necessary to test its effectiveness in relation to absolute measures of grandmother involvement and situational factors. The current study’s findings demonstrated that absolute measures of grandmother involvement / support, alongside situational variables, were insufficient to successfully portray the optimal level of grandmothing. Our results in regards to intergenerational conflict / discord also demonstrated that a straightforward conceptualisation of either high / low levels of grandmaternal involvement, could not explain patterns of discordance.

Thus it is arguable that the failure by some studies to take into account factors such as the historic qualities of grandmother – mother relations, may explain some of the divergence in the grandparenting literature.

One specific route through which this effect might be mediated, is the probable failure of such studies to successfully identify those grandmother – mother dyads in which conflict was an issue, thereby resulting in misinterpretations as to the likely outcomes of grandmother assistance.

The current study's research findings (which must be considered within the context of the sample recruited, see chapters two and seven), suggest that the tailoredness of grandmothering within our sample was related to intergenerational conflict levels. It was demonstrated that the type of non-optimal grandmother – mother relationships found within our sample, could be collectively regarded as both conflictual and distant.

It was not possible at this juncture to determine whether the mothers and grandmothers within these dyads experienced negative effects, such as poor mental health or low parenting self-esteem, in association with these relationship characteristics. An exploration of these issues will be outlined in the next chapter.

Whether the pattern of increased intergenerational conflict was related to overall relationship quality, or mothers' confrontational reaction to seeming grandmother disinterest, or grandmaternal 'conflict avoidance strategies' resulting in their being distant, could not be determined by the current study's results. Further exploration of these issues with the employment of qualitative techniques would be of interest.

Also of interest were the findings relating to subtle differences between the 'realisation of expectations' and the 'realisation of ideals', suggesting that these two constructs may provide a valuable dimension along which the subtleties of intergenerational relationship styles might be explored. This subtle difference suggests, as hypothesised, that 'realisation of expectations' is grounded in the realities of the dyads' situation where as 'realisation of ideals' is less practical.

As with the discussion of chapter three findings, any further exploration of the implications and limitations of findings, as well as directions for future research, will be addressed in chapter seven.

CHAPTER FIVE

The Impact of Intergenerational Relationships on Grandmothers' and Mothers' Wellbeing and Maternal Parenting Esteem.

5.1. Previous Research Findings – Their Relevance to the Current Sample.

One of the primary themes of the current study was to address the sometimes contradictory research findings in regard to the impact of grandmother involvement in childcare, apparent in the grandparenting literature. Research findings presented throughout chapters one, three and four have indicated the important role intergenerational relationships can play, in terms of the adjustment and future function of mothers and their infants. The research presented in chapter three illustrated the diverse routes, both current and historic, through which continuities in parenting behaviours and mental wellbeing may be effected across generations. Research findings in chapter four concentrated on factors shaping the quality of intergenerational relationships, in terms of conflict, with the impact this may have on mothers and infants being explored theoretically. Both of these chapters highlighted mechanisms which may account for the divergent research findings associated with grandmothering which were outlined in chapter one (section 1.3). For example the poor quality of support a depressed grandmother is able to provide, may place her daughter at additional risk of continuing a depressive parenting style with her own child; thus grandmother involvement within such dyads may not be of benefit in terms of mother – infant wellbeing. Similarly the negative effects of discordant grandmother – mother relationships on the dyads' wellbeing and the adjustment of infants, suggests that for conflictual dyads high levels of grandmother involvement may be detrimental to grandmothers, mothers and infants.

The model (figure 4.1.2a) presented in chapter four clearly demonstrated the complexity and enmeshedness of factors relating to the ideal level of grandmother involvement and support. When this is considered in conjunction with the factors impacting on grandmaternal ability to meet the mothers ideals¹ (figure 4.1.2b), the unreality of attempts to determine the tri-generational outcomes associated with grandmothering by imposing external criteria regarding appropriate levels of support, become clear.

¹ A factor thought to modify maternal interpretations of grandmothering.

Because studies have often focussed on one particular set of risk factors and have failed to account for the quality of intergenerational relationships, it would seem likely that the results of previous quantitative research documenting the benefits of grandmother assistance have at times been compromised. Thus it was of interest to assess the association between the tailoredness of grandmothing and the wellbeing of mother – grandmother dyads, to determine whether this approach facilitated a more thorough means of assessing the likely outcomes (in terms of mental wellbeing) of intergenerational support.

The exploration of grandmother – mother wellbeing in regard to intergenerational relationship quality, was also of interest to the current study due to the divergent findings in the cross-cultural grandmothing literature (see chapter one, section 1.1.3.). Within the previous chapter and chapter one the discrepant outcomes associated with grandmaternal involvement in childcare have illustrated the potential significance, in both positive and negative terms, of the grandmothing role. As the majority of studies focussing on grandmothing have employed samples unrepresentative of that found in the UK, it is not reasonable to make generalisations regarding the role of grandmothing to this sample. Thus it was of interest to assess the outcomes associated with grandmother involvement within our UK recruited sample, exploring what affect if any grandmothing has on the functioning of mothers within a UK population.

5.2. The Tri-generational impact of Grandmother Involvement.

Before going on to discuss the likely impact of tailored and non-tailored grandmothing, it was of interest to consider the routes through which the current grandmother – mother relationship may impact upon infants. Although an analysis of infant wellbeing and functioning is beyond the scope of the current study, there has been sufficient research into the impact of mothers' mental health and parenting behaviours on infants to theorise as to the possible tri-generational impact of grandmother – mother relationships as mediated by mothering. It is also of interest to note that grandmothing has the potential to impact directly upon infants in many ways, this dynamic was however, beyond the scope of the current study.

The framework of Developmental Psychopathology, as originally by Rutter (1987), can be adopted to explore the impact of grandmother involvement on mothers' and infants' wellbeing. This conceptualises the risk and protective factors which shape a child's environment, exploring the manner in which children's mental health and their response to

life events and experiences during childhood inter-link to determine developmental outcomes, (Brown & Harris, 1978; McLoyd, 1990). Belsky's (1984) model of developmental risk factors is also useful when considering the potential ways in which grandmother involvement may be instrumental in shaping mothers' and infants' functioning. This approach encompasses four main categories: *Parenting Behaviour* (this includes abusive parenting and represents the most direct set of influences), and *Characteristics of the Parent* which have a direct influence on parenting behaviours. *Family Environment* is another of the categories, this includes factors which may constitute a direct risk to the child or act as an indirect risk via the parent. Finally there are the *Characteristics of the Child*, which may also have dual influence via the effect they have on mothering behaviour. Grandmother involvement which affects any of the categories outlined may therefore be influential over the child's wellbeing.

The routes through which the effects of grandmother involvement on maternal behaviour may impact on infants will be outlined, within the framework of Belsky's 'Model of Developmental Risk', in order to demonstrate the far reaching effects of grandmother – mother relationship qualities.

5.2.1. The Characteristics of the Parent.

The *characteristics of the parent* were outlined in relation to child outcomes in chapter three. For example previous literature highlighted the harmful effects on infants, of mentally unwell mothers' inability to parent sensitively (Cox, et al, 1987; Field et al; 1988; Murray, 1988; Puckering, 1989; Zekoski, et al, 1987). The negative impact of depressed maternal affect on infants via the effects of modelling was also documented (Rutter, 1966; Puckering, 1989). This demonstrates two historic routes via which maternal characteristics, which may be related to grandmother – mother relationships, negatively impact on infant wellbeing. An example of a current route through which grandmother – mother relations may affect infants, is the quality of support grandmothers provide for their daughters. For a review see chapter three sections 3.2.2. & 3.2.3.1. & 3.2.3.2.

In general, Puckering (1989) describes a pattern of depressed mother-infant interaction, which prohibits the formation of a secure base from which the infant can explore and develop their cognitive and social skills to their fullest potential. Neither, do they receive adequate support and cognitive stimulation from their mothers, thereby further inhibiting their infants' development and acquisition of independence. Thus there is compelling

evidence to suggest that maternal depression is of detriment to the psychosocial and cognitive functioning of infants, even if the presence of dysphoria in the mother does not directly lead to an increase in their child's depressive symptoms.

Children of depressed mothers have been found to cry notably more than control group children (Puckering, 1987, cited by Puckering 1989). This problem may be escalated by the indecision of depressed mothers when dealing with distress in their children, resulting in extended periods of crying, which may lead to maternal irritation (Puckering and Mills, 1986, cited by Puckering 1989). Thus the behaviour engendered in the infants of depressed mothers can be seen to place the mother – child dyad in even more jeopardy, resulting in an escalating deterioration of the relationship. The role of positive grandmother (or another member of the mothers' support network) intervention at this point may prevent an otherwise disastrous breakdown in the mother – infant relationship.

Puckering (1989) in her review of maternal depression does, however, highlight the inconsistencies in the behaviour of depressed mothers, drawing attention to the absence of a definitive link between depression and particular patterns of parenting behaviour. Some depressed mothers may be warm, and welcome physical contact with their infants; they do tend, nevertheless to be less communicative with their infants displaying periods of preoccupied inattention (Cox et al, 1987).

Literature reviewed in chapter four highlights how the dyads current and historic relations impact on the level of intergenerational discord they currently experience. This in turn may be seen to negatively influence maternal wellbeing, thereby acting as a risk to the child. Thus illustrating another route via which grandmother – mother relationships may indirectly affect infants. For a review see chapter four section 4.1.3.

Studies which have specifically focussed on the precursors of conduct disorders in children, identify the following parental psychopathologies as being consistently associated with antisocial or aggressive behaviours in boys. High rates of maternal depression, antisocial personality disorders (APD), and substance abuse (Biederman, Munir & Knee, 1987; Frick, Lahey, Loeber, Stouthamer, Christ & Hanson, 1992; Lahey, Piacentini, McBurnett, Stone, Hartdagen, & Hynd, 1988; Stewart, deBlois, & Cummings, 1980). The above evidence can therefore be seen to illustrate the cyclical pattern of non-optimal parental characteristics and developmental psychopathology.

5.2.2. The Characteristics of the Child

The *characteristics of the child* have already been explored in terms of their impact on parenting and mothers' mental health (chapter three) and in regard to levels of grandmother involvement (chapter four), however, it is worth reviewing in more detail the manner in which the dyads' negative interaction patterns may be self-perpetuating.

The two-way nature of mother-infant relationship and interactional style is well established within developmental psychology. Infants are born pre-programmed for social interactions, displaying behaviours, which elicit positive social responses from their carers. However, as with all human characteristics, there is variation in the temperament and sociability of infants. An "easy" baby, who is not predisposed to excessive crying, who sleeps well and generally responds positively to their carers, may engender a more positive response to parenthood by their mothers, than an infant who is more demanding.

Infants are also responsive to their mother's behaviour; the interactional style of a depressed mother has been found to elicit changes in their child's response to social contact. For example, a study carried out by Field et al (1988) indicated that infants of depressed mothers interacted with her in a more negative manner than a "normal infant", turning away from their mothers and becoming fussy. This pattern of interaction was carried over to adults other than the mother. Studies such as this, illustrate how negative patterns of behaviour learned by children, may have carry on effects into their wider social sphere, potentially effecting the development of cognitive, language and social skills, by inhibiting positive social interactions. This type of learned helplessness may also have a knock on effect on the mother-infant relationship, and the mothers' continuing mental wellbeing. For example, in the case of mothers whose maternal depression was hormonally based, negative responses from her infant may foster continuing depression, which would have otherwise discontinued.

Early child temperament has been associated with later child behaviour problems, alone, and in association, with other risk factors (Shaw et al, 1994), although temperament was more strongly associated with later behaviour problems in girls than boys, and with more internalising than externalising behaviour problems. Thus, a mechanism is set in place for a deteriorating pattern of maternal and child functioning: as high levels of child behaviour problems have a negative impact on mothers' parenting self-esteem, and maternal depression is associated with low levels of parenting efficacy in dealing with problematic child behaviours.

5.2.3. Parenting Behaviours – The effect on Infant Wellbeing

Both the historic and current routes via which grandmothers may effect maternal parenting behaviours have been discussed in detail within chapter three (sections 3.2.3., 3.2.3.1 & 3.2.3.2) and within chapter four in relation to the effects of conflict on maternal parenting behaviours (section 4.1.3). Therefore this section will be limited to a discussion as to the effects of parenting behaviour on child outcomes.

The mother's interaction behaviour towards her child has been shown to be influential over later self-esteem and behavioural functioning (Loeb et al, 1977, Herrenkohl, et al, 1995), indicating that parenting behaviours, even at a young age, begin to shape a child's individual characteristics. Behavioural functioning as discussed here includes the following dimensions: positive self image; positive behaviour towards others; positive task orientation; ability to express feelings appropriately; physical problems and response to distress. High levels of maternal hostility, rejection and controlling directive behaviours are associated with poor behavioural functioning, and low self esteem; whereas affection and positive maternal support are associated with positive child outcomes, including higher self-esteem (Herrenkohl, et al 1995, Loeb, Horst, & Horton, 1977). Thus the nature of parenting behaviour, whether it is positive or negative, can be seen to broadly influence the psychosocial functioning of offspring.

Studies have revealed that mothers experiencing relatively high levels of depression, display certain parenting deficits which are potentially detrimental to their infants (Puckering, 1989; Hops, 1995). As might be predicted, these mothers generally display less sensitive responsiveness to their infants' needs, being more irritable, less consistent, less involved and spontaneous than a non-depressed mother (Cox et al, 1987; Beardslee, Bemporad, Kellar & Klerman, 1983). Depressed mothers interact in a less positive manner with their infants and others (Campbell, Cohn & Meyers, 1995; Hops, 1995), rewarding their children less than non-depressed mothers (Cole & Rehm, 1985).

The remainder of this section aims to explore the parenting strategies, and styles of interaction, employed by different parents, highlighting some of the positive and negative parenting behaviours which result in differing child outcomes.

5.2.3.1. Maternal Responsiveness

The responsiveness of a mother to her infants' signals, such as crying, has been found to be of major importance to the quality of mother-infant relationships and later child functioning. The prompt, appropriate, sensitive and reliable response of mothers to their infants' signals for attention, teaches the infant their mother can be trusted to keep them safe and comfort them. Thus fostering a secure attachment bond, as well as a sense of control in the infant that they can positively influence their environment (Bornstein, 1989; Ainsworth, Blehar, Waters & Wall 1978). Infants, whose mothers do not respond sensitively to their crying tend to display signs of distress, anger and frustration. This may result in an infant who is easily upset and generally apprehensive, as they do not have a successful strategy for alleviating stressful situations (Rubin, Stewart & Chen, 1995).

5.2.3.2. Maternal Permissiveness and Disinterest

Loeber and Stouthamer-Loeber (1986) found that the parenting behaviours, which are most strongly correlated with severe conduct problems, were poor parental supervision and a general lack of parental involvement in their children's activities. In support of this Frick et al (1992) found that the mothers of a clinical sample of boys diagnosed with conduct disorder, were poor at supervising their children's behaviour, and used inconsistent disciplinary practices. Thus parents who are unavailable to their children, perhaps due to other role investments, or maybe because they are mentally unwell, run the risk of their child developing a severe behavioural problem, especially if there are other associated risk factors present.

The negative impact maternal depression and its associated parenting characteristics has upon an infant's social and cognitive functioning is far reaching, with disturbances in children's attention, cognitive problem solving and social functioning, being identified five years after their mothers experienced an episode of psychotic depression (Grunebaum, Cohler, Kauffman & Gallant, 1978). For example, maternal attentiveness and mood during feeding in the first few months of an infant's life, have been shown to predict language comprehension at three years, (Bee, Barnard, Eyer, Gray, Hammand, Spietz, Snyder, & Clark, 1982). Infant cognitive / language development at two years, has been associated with the level of maternal affection in the form of touching, smiling, rocking and holding of their infants at six months (Olson, Bates, Bayles, 1984). Studies have also found dysphoric mothers to be less behaviourally competent and comfortable with their infants and pre-

schoolers; generally being less attuned to their child's level of understanding, and teaching them less than a non-depressed mother (Teti, Gelfand, Messinger & Isabella, 1995; Goldsmith and Rogoff, 1995). Thus there is an observable link between maternal depression, maternal in-attentiveness and incompetence, and poor child outcomes.

5.2.3.4. Negative Parenting Practices - Maternal Hostility and Rejection

It is important to recognise that negative parenting behaviour, displayed by mothers, can be broken down into behaviours which are direct, for example those which involve overtly hostile aggression, or those which are characterised by non-confrontative behaviours such as distress or depression (Hops, 1995). This distinction is important as the two categories of behaviour may have differing consequences for infant wellbeing (Hops, 1995). For example, the hostility of the mother towards their child has been found to be most predicative of persistent childhood disorders, where as depression is associated with the onset of disorder (Cox et al, 1987).

The role grandmothers can play in diffusing situations which may lead to outbursts of irritation and hostility by the mother are of especial significance in the light of the following findings. Strong evidence has been found to suggest that an aggressive and hostile parenting style, featuring explosive, irritable and threatening episodes, (characteristic of some but not all depressed mothers) tends to train children to be more aggressive themselves. Fostering the development of the same irritable, explosive personality traits in their children (Whitbeck, Hoyt, Simons, Conger, Elder, Lorenz, & Huck, 1992). This often results in children carrying this interactional style outside the family environment, behaving aggressively with peers and teachers (Simons et al, 1991, Patterson, DeBaryshe, and Ramsey, 1989). The child is therefore placed at risk of developing maladjusted relationships in the future, and the likelihood they will become involved in antisocial, possibly criminal behaviours, is increased.

There is a strong association between harsh parenting behaviours and negative developmental outcomes for children including psychopathology, delinquency, academic failure, substance abuse and difficulties with peers (Simons et al, 1991). These patterns of behavioural outcome associated with harsh parenting practices, have been identified as risk factors for conduct disorders in children.

The reciprocal link between parenting practices and mental health has been demonstrated, with retrospective studies indicating that depressed adults experienced parenting characterised by rejection, withdrawn and irritable maternal behaviour (Cox, Puckering, Pound and Mills, 1987). Whilst prospective studies suggest that depressed mothers are more likely to display these same parenting characteristics towards their children (Whitbeck, et al, 1992). Due to these intergenerational continuities in parenting behaviours, it is necessary to take a long-term perspective, recognising the cyclical influence parenting practices command. Factors which influence parenting practices can, therefore, be viewed as having an indirect influence over the intergenerational transmission of mental health and psychosocial functioning.

5.2.4. Family Environment – The Effect on Infant Wellbeing

Studies have revealed that social disadvantage holds added risk for children whose parents employ negative parenting practices (Richman, Stevenson & Graham, 1982; Shaw et al, 1994). This can be explained by the buffering effect that financial security, good housing, parental satisfaction and active social support networks have in mediating the effects of stress on parenting behaviour and maternal wellbeing.

It is, therefore, important to consider parenting practices and maternal mental health in context, as their impact on the children's wellbeing cannot be disassociated from the other social and environmental risk / protective factors the family is exposed to. This is exemplified by Quinton and Rutter's (1985) study, which found that the impact of mentally disordered mothers on the wellbeing of their infants, could only be understood in association with a number of other psychosocial risk of factors, which were "more damaging in combination than in isolation". Shaw et al (1994), however, found that these risk factors had an additive as opposed to a multiplicative effect, on child wellbeing.

The tensions and conflict between a grandmother and mother are of significance to the wellbeing of infants not only through their effect on maternal functioning (as outlined in chapter four) but also due to the direct effects they have on their adjustment (Cummings, Iannotti & Zahn-Waxler, 1985). Support for the potentially negative impact of intergenerational conflict on infant wellbeing can be found in the marital discord literature. Studies focussing on the impact of marital discord on infants have found that witnessing anger between parents in the home setting, in the form of both verbal and physical quarrels, is an highly arousing stimulus resulting in stress and distress in children as young as one

year of age (Cummings, Zahn-Waxler & Radke-Yarrow, 1981). Studies have also gone on to identify a link between marital discord and a number of conduct and emotional difficulties in young children (Porter & O'Leary, 1980; Rutter, 1970; Jourilles, Pfiffner, O'Leary, 1988). Cummings et al's (1985) study further demonstrated that infants react negatively to witnessing anger between adults who are not the parents, with distress being heightened alongside repeated exposure to conflict. Thus it can be surmised that exposure to intergenerational conflict may be as detrimental to infants, as is marital discord.

Furthermore it has been shown that repeated exposure to parental conflict within the home results in children developing complex prosocial response patterns, such as attempts to mediate, reconcile and distract the angry partners (Cummings, Zahn-Waxler & Radke-Yarrow, 1984). It is conceivable that shifting a child's focus from normal developmental activities to a peacekeeping role may reflect negatively on their cognitive and social development in other areas. Thus in circumstances where mothers and grandmothers co-reside high levels of conflict may be detrimental to the infants development. This may explain some of the negative infant outcomes associated with grandmother – teenage mother co-residence (Speiker and Bensley, 1994; Crockenberg, 1987).

The potential impact of intergenerational conflict, especially in situations where mothers and grandmothers spend significant amounts of time together, can be theorised to extend into the offspring's later ability to form loving and secure relationships. This is supported by studies exploring the long-term effects of conflictual parental divorce on romantic relationships which have found that intense parental conflict is destructive to the adult offsprings' later ability to form trusting relationships (Franklin, Janoff-Bulman, Roberts, 1990; Hayashi & Strickland, 1998).

Thus grandmother – mother conflict may hold far reaching negative implications for the wellbeing of a third generation of offspring, alongside the detrimental effects of conflict on the mother's and grandmother's own functioning.

5.3. The Impact of Tailoredness on Tri-generational Functioning.

As outlined in section 5.1., the extreme complexity of the factors determining optimal levels of grandmother involvement, renders the assessment of all potentially relevant dyadic features impractical within a quantitative framework. Instead the focus of this chapter is on the relationship between tailoredness of grandmother involvement and individual wellbeing.

It was decided that the most straightforward way of conceptualising, what is a complicated set of inter-relationships, was to create two models portraying the role of tailoredness in exploring intergenerational outcomes. Two models were employed for this function, as it was felt that under-involvement and over-involvement in regard to appropriate levels of grandmothering carried differing risks for grandmothers, mothers and infants.

It was not felt to be beneficial to re-explore all the dimensions of grandmothers and mothers theorised within the ‘model of factors influencing ideal levels of grandmother involvement’ nor those issues impacting upon grandmaternal ability to meet mothers’ ideals (figure 4.1.2a and 4.1.2b) as detailed reviews may be found in the preceding chapters. Before going onto explore these two models it was, however, considered necessary to review the role of parenting self-esteem in regard to mother – infant outcomes, as this factor has not been detailed in previously.

5.3.1. Mothers’ Parenting Efficacy and Satisfaction

The concept of *parenting self-esteem* (which comprises of an individual’s perceived efficacy as a parent and the satisfaction they derive from parenting) can be seen to have a role in the transmission of mental wellbeing and psychosocial functioning across generations. Mothers who feel neither confident nor competent in dealing with their children’s behaviour, have been found to be overly sensitive to, and cope poorly with, difficult child behaviour (Bugental, 1987, cited by Johnston & Mash, 1989). In turn, high levels of difficult child behaviour have been associated with low levels of maternal parenting satisfaction. This includes a generally depressed affect, high levels of frustration and anxiety and a lack of motivation in the parenting role (Johnston & Mash, 1989).

Perceived effectiveness in successfully caring for an infant is likely to have a positive effect on parenting behaviour through the influence of positive reinforcement. Mothers who feel effective in their interactions with their infants, are positively reinforced in their parenting behaviour, thus encouraging them to initiate further interactions, bringing the mother and infant closer together. This has a secondary effect of increasing the mother’s understanding of her infant, resulting in her becoming increasingly effectual and fulfilled (Bornstein, 1995).

Parenting efficacy has also been associated with general self-esteem in new mothers, mediating the effects of infant temperament and social support on maternal depression levels (Cutrona & Troutman, 1986). Low levels of parenting efficacy may be theoretically predicted to have a negative impact upon a mother's satisfaction with their parenting role and lead to maternal depression (Bandura, 1982; Johnston & Mash, 1989). The potential significance of the current grandmother – mother relationship in determining parenting efficacy has been illustrated by the finding that the frequency of contact between mothers and their own mother was the best predictor of parenting competence (Abernathy, 1973, cited by Hagestad, 1985). This suggests that grandmothers have an important role to play in maternal adjustment to the parenting role, and that they may be especially important in situations where their daughter is struggling.

The research carried out by Johnston and Mash (1989) indicated that mothers' feelings of parenting efficacy were not based on the level of behavioural problems their children displayed. Instead they relied more on social comparison processes and self-evaluations as to their ability to handle child behaviour problems. Therefore, the opinions of the grandmother may play an important role in influencing the way in which the mother perceives her own efficacy. For example, if a grandmother makes negative comments regarding the behaviour of her grandchild and her daughter's ability to manage their child's behaviour, the daughter's perceptions of their parenting efficacy may be diminished.

One of the explanations posed to explain the development of maternal depression is the changing role of the mother within society. Upon the birth of her first infant, a woman's role can shift from respected professional employee, to "just" a mother/housewife, should she choose to give up working. This under-valuation within Western society of the mothers' role, has been proposed as a pre-cursor of maternal depression, (Stern & Kruckman, 1983). As discussed in section 1.1.1. transitions into both motherhood and grandmotherhood are hinged, and as such the reaction of the grandmother to her's and her daughter's changing role may either aid or hinder the mother's mental wellbeing after the birth of her first baby. This is a time when a young woman is likely to look to her mother as a source of validation of the worthiness of this new role. If the grandmother is not supportive of this transition for whatever reason, additional pressure will be placed on the mother possibly reducing her parenting satisfaction and / or act as a source of friction.

5.3.2 Tailoredness - The Realisation of Expectations.

Firstly it is important to note that within most families the tailoredness, or not, of grandmother involvement is unlikely to play a dramatic role in the wellbeing of mothers and infants as, in the absence of multiple risk factors, their needs are likely to be met within the nuclear family. This is not to suggest that grandmothing plays no significant role in the lives of their daughters and grandchildren, just that mental health and parenting problems are not necessary consequences of non-optimal grandmothing.

Secondly it is necessary to make clear that the models (figures 5.3.2.1a & 5.3.2.1b) do not necessarily encompass every conceivable eventuality in relation to non-optimal levels of grandmothing. Neither were these models designed to be tested, rather the intention was to highlight/explore some of the ways in which levels of grandmothing have been shown within previous research and in theory, to play significant roles in determining patterns of tri-generational functioning.

Finally it is worth considering the differing impacts non-tailoredness is likely to have as a function of maternal emotional and psychological resilience, as although it has been noted that for most dyads non-optimal grandmothing is unlikely to lead to a breakdown in maternal functioning, it may have repercussions nevertheless. The simplest way of expressing this is to consider the relative impacts of non-optimal grandmother involvement on a group of 'capable' mothers as opposed to a group of 'needy' mothers, and consider the relative impact of conflict for these two dyads. This issue will now be explored within the contexts of under and over involvement respectively.

The discussion will not be extended to infants at this point, as the implications of the outcomes outlined in the models on infant wellbeing have already been discussed above.

5.3.2.1 The Realisation of Expectations – Grandmother Under-Involvement.

Intergenerational conflict is one likely outcome of under-involvement, which as assessed in chapter four may come about through three main circumstances. (i) In the case of emotionally strong mothers, this may reflect the grandmother's reaction to confrontation she fears will result in her daughter discontinuing contact. (ii) Confrontation may result due to the daughter's expression of displeasure at maternal disinterest. (iii) It may reflect the overall quality of the dyads' relationship being poor, in which case it may be associated with adjustment / interactional problems in other aspects of grandmother – mother functioning.

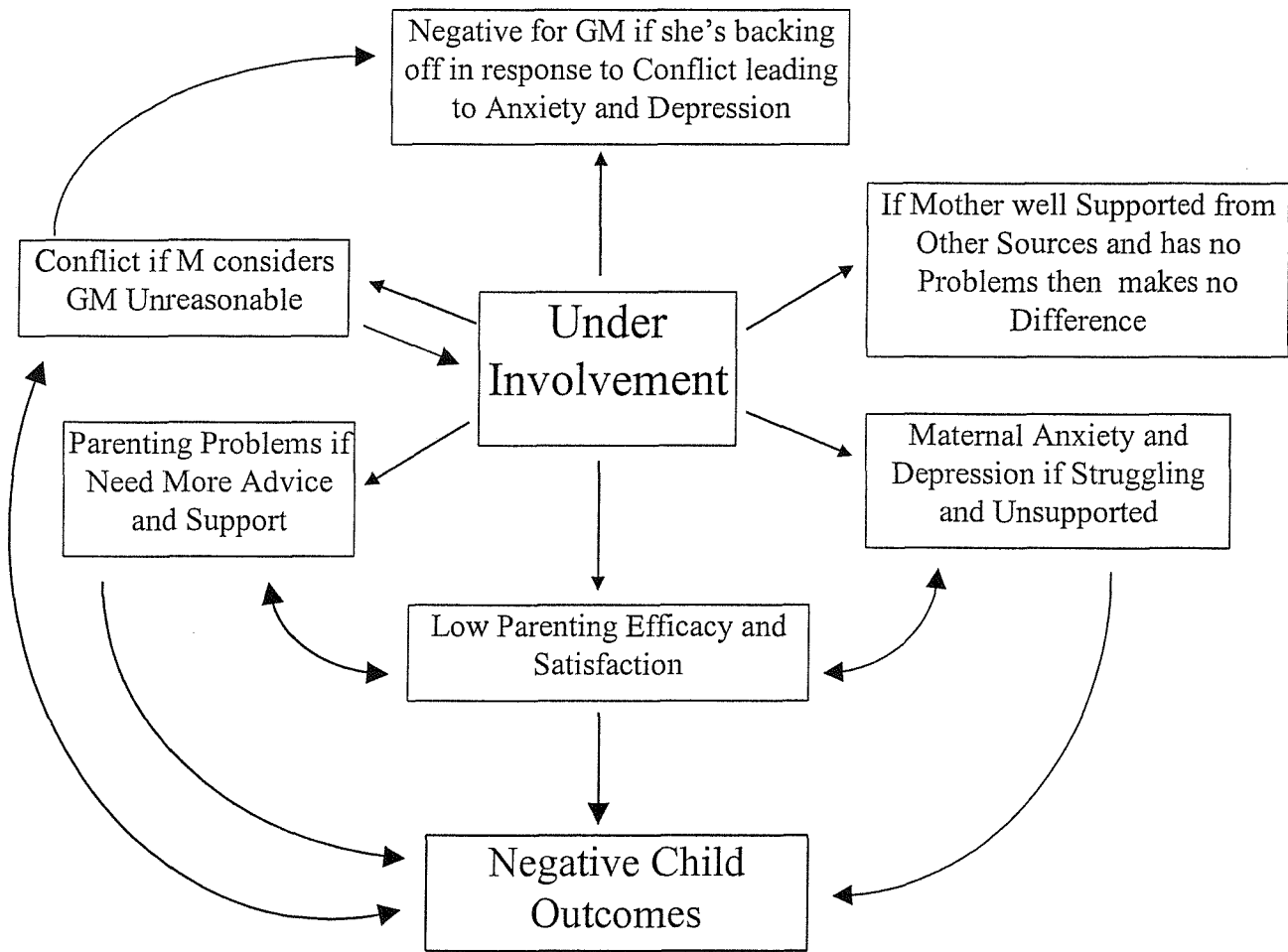


Figure 5.3.2.1a; The Realisation of Expectations- Grandmother Under-Involvement.

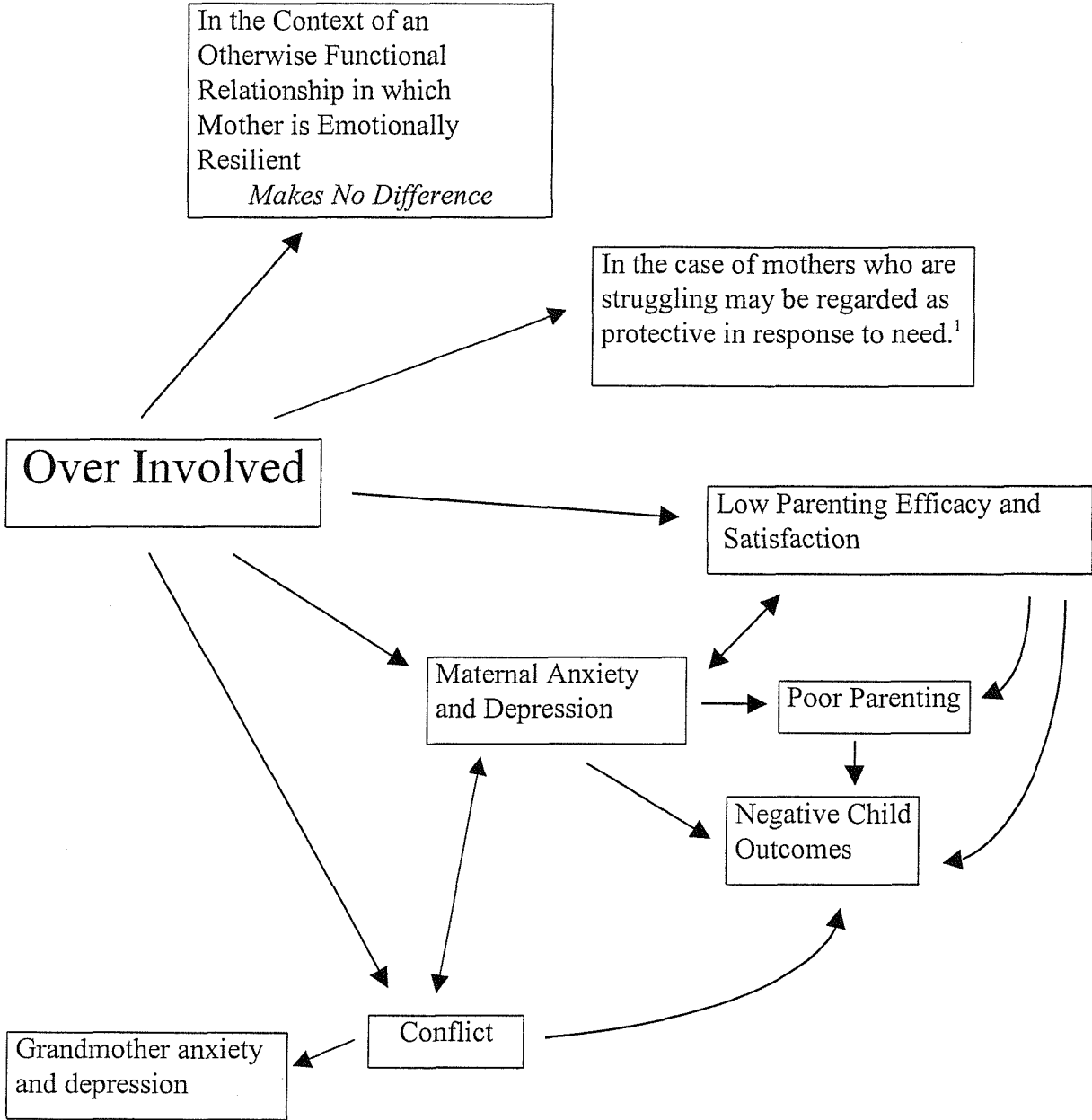


Figure 5.3.2.1b; The Realisation of Expectations- Grandmother Over- Involvement.

¹ In such cases this should be reflected in a lack of association between low parenting self esteem and over involvement in the Realisation of Ideals Scores.

In the case of grandmothers who feel the need to minimise their involvement in order to avoid confrontation, this may be associated with anxiety and depression, due to worries associated with intergenerational continuities.

If mothers are not emotionally resilient undesirably low levels of grandmother support may result in mothers struggling to cope with the demands of their new role, this being expressed in mental health problems, low parenting esteem or as parenting difficulties.

5.3.2.2. The Realisation of Expectations – Grandmother Over-Involvement.

Grandmother over-involvement, which may well be perceived as interference by the mother, has the propensity to affect mothers in very different ways depending upon the ‘strength’ of maternal character.

In the case of mothers who are confident of their own ability to cope, it would seem probable that grandmaternal ‘interference’ may result in one of two outcomes depending upon the overall quality of the dyads relationship. In situations where the mother and daughter are on ‘good terms’ the mother may well negotiate problematic issues with no ill effects in terms of conflict.

Conversely, within dyads where the quality of their overall relationship is poor, grandmaternal interference is likely to be associated with overt conflict. This may have serious outcomes in terms of grandmaternal wellbeing, as a total relationship breakdown may result in their being ostracised from their extended families.

Grandmother over-involvement may be theorised to impact very differently within dyads where the mother is less emotionally robust. In such cases higher than expected levels of grandmother involvement may carry two very different meanings. Firstly that they are a response to a daughter who is not coping with the demands of mothering, and as such the then expected levels of grandmothing are a tailored response to new needs. Conversely it may be that overly involved grandmothing is associated with negative effects in terms of undermining an already vulnerable mother. It may be possible to disentangle these two eventualities by referring to the ‘realisation of maternal ideals’, as in the case of mothers who do not want high levels of grandmothing regardless of need, this is likely to be reflected in their ideals.

5.4. The Impact of Tailoredness on Grandmother – Mother Wellbeing within a UK based sample.

As discussed in the introduction to this chapter the aims of this study were two fold, firstly to assess the applicability of ‘tailoredness’ to the exploration of intergenerational relationships in terms of predicting likely outcomes. Secondly to determine the beneficial / detrimental characteristics associated with grandmothing within a UK based sample. As with the relationships noted in chapters three and four, it is important to re-state at this juncture the limitations associated with the sample recruited (in terms of both SES and a weighting toward ‘functional’ grandmother – mother dyads). These limitations meant that the extrapolation of findings to all UK grandmothing situations would be inappropriate. This should not, however, be viewed as undermining the value of these findings. Rather it should be viewed as pointing to future research needs, with the sample groups who were underrepresented within the current study.

In order to achieve this aim the relationships between mental health, intergenerational discordance, and tailoredness measures were assessed.

For a review of the method employed, see chapter two.

5.5. Results

The data were submitted to a series of Pearson’s *r* correlations, and one-way ANOVAs in which the Dependent Variables were the FiE and FiI levels of fit (less, as expected / as wanted, more) for all the analyses. The same derived variables as were calculated for use in chapters three and four were employed within the following analyses.

5.5.1 What are the levels of mental health in mother's and grandmothers?

Referring back to table 2.7.2b in chapter two, it can be seen that 84% and 60% of mothers fall within the normal parameters of depression and anxiety respectively (as measured by the HADS). Mothers who fell within the moderate-severe categories on the depression and anxiety scales respectively equalled 3% and 18%; demonstrating that the majority of mothers enjoyed good mental health, but that levels of anxiety were higher within our sample than depression levels.

Grandmother HADS ratings (as shown in table 2.7.2b) demonstrated that no grandmothers experienced depression levels beyond a mild categorisation. As with the

mothers ratings grandmothers did show relatively higher levels of anxiety, with 9% of grandmothers being categorised with moderate-severe anxiety.

5.5.2 Can mother's mental health and well-being measures be reduced to a single variable?

In order to answer this question correlations between maternal measures of mental health and parenting sense of competence were examined. While there was moderate correlation between anxiety and depression and satisfaction these correlations were not deemed large enough to create a single variable. Correlations between grandmother anxiety and depression scores were in the same range as those for mothers ($r=.43$; $p=0.001$).

	Anxiety	Depression	Satisfaction	Efficacy
Anxiety	1.00	.49**	-.41**	-.08
Depression	.49	1.00	-.49**	-.07
Satisfaction	-.41	-.49	1.00	.04
Efficacy	-.08	-.07	.04	1.00

Table 5.5.2a Correlations between mother's scores on the HADS and the PSOC.

Note The values shown in the table are Pearson's r values

** indicates that $p < 0.01$.

5.5.3 Do mother and grandmother's mental health covary?

The continuity of mental health scores between mothers' and grandmothers' was assessed in chapter three. The results of these analyses showed that there were no significant correlations between grandmother and mother anxiety and depression ($r_s < .14$). An assessment was also carried out as to whether grandmaternal anxiety and depression were correlated with maternal parenting satisfaction and efficacy. No significant correlations were found ($r_s < .13$).

5.5.4 Are mental health problems higher and sense of parental competence lower in relationships acknowledged as being conflictual?

There were a number of significant correlations between mental health and wellbeing and reports of conflict (see table 4). In general where significant the correlations between reports of argument and mental health and wellbeing are small. Given this given the number of tests one must be cautious about interpreting these associations. However, the strongest evidence for an association was for grandmaternal anxiety which was associated with grandmaternal reports of disagreement and both maternal and grandmaternal reports of argument. Grandmother's in more conflictual relationships had higher levels of anxiety. Although the correlation was weak, and as such must be treated with caution, it is worth noting that grandmother argument was also associated with grandmaternal depression. Which when considered in relation to the association between grandmother argument and anxiety, may be of interest.

The other finding of some interest was that both parties measures of disagreement were associated with lower sense of parenting satisfaction.

	Maternal		Grandmaternal	
	Disagree	Argue	Disagree	Argue
Anxiety				
Maternal	.13	.04	.09	.01
Grandmaternal	-.03	.18*	.18*	.30**
Depression				
Maternal	.13	.06	-.08	-.16
Grandmaternal	.07	.08	.15	.19*
PSOC (maternal)				
Satisfaction	-.19*	-.10	-.18*	.02
Efficacy	.07	-.08	-.06	-.14

Table 5.5.4a; The correlations between ratings of conflict and mental health and wellbeing.

Note The values shown in the table are Pearson's r values

* indicates that $p < 0.05$ and ** indicates that $p < 0.01$

5.5.5. Are relationships with more discrepant attitudes to parenting associated with more mental health problems and lower sense of parenting competence?

There was little associations between discrepancies over parenting attitudes and mental health and parenting sense of competence. The one correlation that reached significance was only marginally significance.

	Nurturance			Restrictiveness		
		Mother	G'mother		Mother	G'mother
	Actual	Perceived	Perceived	Actual	Perceived	Perceived
Anxiety						
Maternal	-.06	.00	.54	.04	.12	-.04
Grandmaternal	-.13	-.05	-.08	.04	.05	-.08
Depression						
Maternal	.05	.06	-.01	-.07	.13	-.08
Grandmaternal	.00	-.04	-.00	.05	.03	.10
PSOC (maternal)						
Satisfaction	-.11	.02	-.07	-.01	-.19*	-.07
Efficacy	-.01	.07	-.09	-.08	.05	.03

Table 5.5.5a - The correlations between ratings of conflict and mental health and discrepancies over parenting attitudes.

Note The values shown in the table are Pearson's r values

* indicates that $p < 0.05$

5.5.6. Did mother's who had more involved grandmother's have lower levels of mental health problems and a greater sense of parenting competence?

High levels of grandmother involvement was associated with lower levels of reported efficacy. There was also a trend for involved grandmothers to display less anxiety. Once again these associations need to be interpreted with caution given their magnitude and the number of tests applied.

	Involvement	
	Mother's view	Grandmother's view
Anxiety		
Maternal	.15	.15
Grandmaternal	-.02	-.12
Depression		
Maternal	-.10	-.11
Grandmaternal	-.16*	-.14
PSOC (maternal)		
Satisfaction	.00	.07
Efficacy	-.20**	-.23**

Table 5.5.6a - The correlations between ratings of actual grandmaternal involvement and mental health and discrepancies over parenting attitudes.

Note The values shown in the table are Pearson's r values

** indicates that $p < 0.01$

5.5.7 Are situations where there is a better fit between actual and expected/ideal involvement associated with lower levels of mental health problems and higher levels of parenting sense of competence?

There was no associations between fit between actual and ideal involvement as reported by the mother and levels of mental health or parenting sense of competence.

	"less" (N=38)	"as wanted" (N=98)	"more" (N=36)	<i>F</i>
Anxiety				
Maternal	7.2(4.4)	7.3(3.6)	6.5(3.5)	0.46
Grandmaternal	6.7(4.1)	5.4(3.3)	5.4(3.4)	1.77
Depression				
Maternal	5.0(3.0)	4.6(3.0)	4.4(2.6)	0.52
Grandmaternal	3.3(2.4)	2.9(2.4)	2.7(1.9)	0.59
PSOC (maternal)				
Satisfaction	32.7(5.1)	32.3(4.7)	33.0(4.1)	0.23
Efficacy	22.3(5.4)	21.5(4.9)	19.9(5.2)	2.03

Table 5.5.7a The mean scores for HADS and PSOC scores for different levels of fit between actual and expected involvement as reported by mothers.

Note The values shown in the table are mean values

The values shown in parenthesis are standard deviations

The values shown in the table are one-way analysis of variance *F* values

There was a significant effect of 'fit' between actual and expected levels of

grandmaternal involvement on both maternal and grandmaternal anxiety levels. Post-hoc tests (LSD) showed that the "more" group mothers had higher levels of anxiety than did the "as expected" group. In contrast, it was the "less" group that had higher levels of anxiety than the other two groups. There was also a significant effect of fit on efficacy. Parents in the more group felt less effective as parents than the other two groups.

	"less" (N=38)	"as expected" (N=98)	"more" (N=36)	<i>F</i>
Anxiety				
Maternal	7.5(4.2)	6.5(3.3)	8.2(4.3)	3.62*
Grandmaternal	7.1(3.7)	5.3(3.6)	5.3(2.9)	3.13*
Depression				
Maternal	4.7(2.8)	4.5(3.0)	4.8(2.9)	0.13
Grandmaternal	3.4(2.2)	2.9(2.4)	2.7(1.8)	0.73
PSOC (maternal)				
Satisfaction	32.1(5.6)	32.7(4.7)	32.6(4.0)	0.23
Efficacy	22.7(5.1)	21.9(5.2)	18.9(4.7)	6.20**

Table 5.5.7b The mean scores for HADS and PSOC scores for different levels of fit between actual and ideal involvement as reported by mothers.

Note The values shown in the table are means values

The values shown in parenthesis are standard deviations

The values shown in the table are one-way analysis of variance *F* values

* indicates that $p < 0.05$ and ** indicates that $p < 0.01$

There was no association between 'fit' between actual levels of involvement and ideal levels

of involvement as reported by the grandmother.

	"less" (N=36)	"as wanted" (N=83)	"more" (N=33)	<i>F</i>
<hr/>				
Anxiety				
Maternal	6.5(3.6)	7.2(3.5)	7.9(4.1)	1.22
Grandmaternal	6.5(3.9)	5.0(3.2)	5.7(3.3)	2.37
Depression				
Maternal	6.5(3.9)	2.9(2.3)	2.6(1.8)	1.85
Grandmaternal	3.6(2.4)	2.9(2.3)	2.6(1.8)	1.86
PSOC (maternal)				
Satisfaction	32.6(4.6)	32.5(4.4)	33.1(5.4)	0.21
Efficacy	21.2(5.4)	21.4(5.1)	18.7(6.5)	2.97 ^a

Table 5.5.7c The mean scores for HADS and PSOC scores for different levels of fit between actual and ideal involvement as reported by grandmothers.

Note The values shown in the table are mean values

The values shown in the paranthesis are standard deviations

The values shown in the table are one-way analysis of variance *F* values

There was no effect of fit between actual and expected involvement as reported by grandmothers on mother's mental health or sense of parenting competence.

	"less" (N=36)	"as expected" (N=83)	"more" (N=33)	<i>F</i>
Anxiety				
Maternal	7.6(4.8)	6.6(3.0)	8.0(3.6)	2.12
Grandmaternal	6.3(3.8)	5.1(3.4)	5.6(3.0)	1.57
Depression				
Maternal	5.4(2.9)	4.8(2.7)	4.1(3.0)	2.01
Grandmaternal	3.3(2.0)	2.8(2.5)	2.9(2.0)	0.57
PSOC (maternal)				
Satisfaction	32.8(4.1)	32.2(4.8)	33.3(4.8)	0.62
Efficacy	21.4(5.5)	21.0(5.3)	19.8(5.9)	1.01

Table 5.5.7d The mean scores for HADS and PSOC scores for different levels of fit between actual and expected involvement as reported by grandmothers.

Note The values shown in the table are mean values

The values shown in paranthesis are standard deviations

The values shown in the table are one-way analysis of variance *F* values

5.5.8 Are mother's perception of fit between actual and expected support still associated with grandmother anxiety when her reports of argument are controlled for?

Both grandmother's reports of arguments and fit between actual and expected from the mother's point of view are related to grandmaternal anxiety. In order to clarify the independent contribution of these two factors the ANOVA reported with maternal FiE as the IV and grandmaternal anxiety as the DV was repeated with grandmother's reports of arguments as the covariate. When this was done there was a large and significant effect of argument ($F(1,144)=12.679; p=0.001$). The effect of FiE was non-significant

($F(2,144)=2.455; p=0.09$).

5.5.9 Are mother's perception of fit between actual and expected support still associated with maternal anxiety and efficacy when her ratings of child temperament are accounted for?

Mother's reports of anxiety are related to both her child temperament ratings and the fit between actual and expected grandmothering. In order to clarify the independent contribution of these two factors the ANOVA reported with maternal FiE as the IV and maternal anxiety as the DV was repeated with mother's reports of child temperament as the covariate. When this was done there was a large and significant effect of child temperament ($F(1,173)=13.301; p=0.000$). The effect of FiE was non-significant ($F(2,173)=2.277; p=0.11$). Analyses did not, however indicate a significant link between FiE scores and child temperament ($F(2,176)=1.227; p=.30$), suggesting that grandmothers do not become over involved in relation to levels of child difficulty.

The analysis was then repeated to test whether child temperament could also account for mother's reports of anxiety. When this was done there was a significant effect of FiE ($F(2,174)=7.241; p=0.001$). The effect of child temperament was non-significant ($F(1,174)=2.515; p=0.12$).

5.6. Discussion – Summary of Main Findings.

Before entering into a discussion of the current studies findings, the nature of this research as being an *exploration* of 'tailoring' needs to be reiterated. This was because in order to attain the maximum benefit from findings (in terms of elucidating the role of tailoredness in exploring intergenerational mental health in relation to grandmothering) weak associations that had been theoretically predicted were explored despite questions relating to their reliability. It is recognised that in doing so the risk of making type one errors is greatly increased, and as such to draw *conclusions* based on the particularly weak correlations in questions would be unwise. In terms of using these findings to suggest directions for future research, was not however, judged to be imprudent; particularly when the 'mentally healthy' and 'low risk' features of our sample characteristics were considered.

It should, therefore, be noted that the explanations put forward in the following sections are hypothetical and the possibility of unexplored rationale accounting for the patterns or association found is fully appreciated.

The pattern of relationships between measures of mental health and intergenerational discord revealed that grandmaternal anxiety was the only measure of wellbeing for which the association seemed reliable. In conjunction with this grandmother argument was also weakly associated with grandmother depression, which may indicate a more general association between high levels of intergenerational discord and grandmaternal mental ill health.

A weak, although consistent association was also seen between maternal parenting satisfaction and levels of acknowledged intergenerational disagreement. Support for the reliability of this small but significant association, can be found in the association between the mothers' perception of intergenerational restrictiveness discordance and her sense of parenting satisfaction. The above associations all suggest that mothers who experience disagreement with the grandmother over childcare issues also derive less satisfaction from their parenting experiences.

A consistent association was seen between high levels of grandmothering (as rated by both mothers and grandmothers absolute scores) and low levels of parenting efficacy. When this relationship was explored in relation to the 'realisation of expectations' as perceived by mothers, it could be seen that in dyads where maternal feelings of parenting efficacy were low the mother received higher than expected levels of grandmothering. This relationship was not found with the FiI scores.

Findings in regard to the hypothesised relationships between under and over grandmother involvement and intergenerational mental health, initially suggested that maternal FiE scores were related to higher Anxiety in the over-involved group. When the effect of child temperament was explored in association with FiE and Anxiety, it was however, found that this accounted for the relationship. This Suggests that mothers whose children were difficult experience higher levels of anxiety, and that independently these mothers received more grandmothering. Conversely, for grandmothers under-involvement was related to increased anxiety; however, when the effect of conflict was explored as a covariate this accounted for the association found. This indicates that within under-involved conflicting dyads the grandmothers also experience higher levels of anxiety as related to the increase in discordance.

It should also be noted that the 'realisation of ideals' and the 'realisation of expectations' measures, related with patterns of intergenerational relationships differently in regard to outcomes; thus highlighting the fact that these two constructs are, albeit subtly, different.

As with the analyses exploring the relationship between tailoredness and discord, grandmaternal perceptions of tailoredness were not associated with any of the other measures. The same rationale behind this lack of findings presented in section 4.6.6 of chapter four may be applied in this case, although some alternative explanations for these non-associations are also offered.

5.6.1. Interpretation of Findings – The Relationship between Grandmother Under-Involvement and Intergenerational Outcomes.

Before exploring the significance of the current findings it is important to recap that relationships highlighted in chapter four imply that these under-involved dyads experience the highest levels of discordance as perceived by the mothers. This association was not reported by the grandmothers. This relationship dynamic which seemed to characterise the ‘under-involved’ dyads sampled within the current study, is of importance when considering the association between tailoredness and intergenerational wellbeing in order to appreciate the ‘whole picture’ in regard to this set of mothers and grandmothers.

The first point to note regarding under-involved dyads, is that these grandmothers were also more anxious. Our models regarding ‘Grandmothers’ ability to meet Maternal Needs’ and ‘Under-Involvement’ (figures 4.1.2b and 5.3.2.1a respectively) hypothesises that this has two plausible reasons. Firstly that grandmothers who are emotionally unstable are not able to provide the support mothers’ need, however, if this accounted for the relationship seen a direct relationship would be expected between FiE scores and Anxiety, which was not the case. It would also have been expected that unless the grandmaternal anxiety was a novel occurrence, a stronger association would have been found with ‘realisation of ideals’. This is because in estimating the kind of support grandmothers would be able to provide, as opposed to ideal levels of support, mothers may be expected to take factors associated with grandmaternal mental health into consideration; this did not appear to be reflected in the relative FiI and FiE scores.

An alternative explanation suggested by our model of under-involvement, which seems to fit more closely with our data, is that the grandmothers in the under-involved group were anxious in regard to relations with their daughters as a function of elevated conflict levels. *At this juncture it is, however, very important to highlight the speculative nature of this hypothesised association and the therefore hypothetical nature of the following discussion.* It is plausible that grandmothers within conflictual dyads develop a policy of ‘discord

avoidance tactics' in relation to childcare, resulting in grandmother involvement being low, and that one of the motivations for this is grandmaternal anxiety regarding the outcomes of discordant intergenerational relationships and family continuities. If the association between high conflict dyads and grandmother under-involvement were affected through 'grandmother avoidance tactics' then high levels of anxiety may be anticipated within this group in association with conflict, as highlighted in figure 5.3.2.1a, due to grandmaternal concerns in relation to developmental role investments. (Leek and Smith, 1991; Neugarten and Weinstein, 1964). If it could be established that grandmothers who under-supported their daughters did so intentionally in order to avoid conflict, then this might explain why these grandmothers did not report an association with currently elevated intergenerational discord, as they perceive themselves to be successfully navigating a discord free relationship.

When discussing the likely outcomes for grandmothers and mothers in relation to under-involvement it was noted that a distinction needed to be drawn between those dyads in which the mother was emotionally resilient, not having to rely upon grandmaternal assistance to support her, and more 'needy' mothers. It was hypothesised that in the case of emotionally strong 'independent mothers', high levels of conflict could be a function of three factors. Firstly, they could be associated with grandmother 'conflict avoidance tactics'. Secondly they may reflect a maternal expression of displeasure at the grandmother's seeming disinterest. Lastly the association could be a function of overall poor relationship quality, possibly being reflected in the dyads problems in other areas of adjustment and interaction. In regard to this final possibility no supportive evidence was found in relation to maternal adjustment in terms of depression or parenting esteem, this does not rule out this possible explanation, neither is it supportive.

In regards to (i) and (ii) additional support was found in three main areas. Firstly it could be argued that the lack of grandmaternal reports of intergenerational discord were not only reflective of their 'management of the relationship in terms of minimising confrontation'. Rather they may also reflect the maternal instigation of most arguments, which are not necessarily in reaction to overt disagreement over childcare issues but may be motivated by an underlying dissatisfaction with grandmothers' behaviour. Thus the level of conflict may be perceived to be higher by mothers due to associated negative cognitions they experience when considering grandmaternal participation in childcare. This pattern of relationships would also fit with the finding that grandmother anxiety is related to levels of

conflict rather than low levels of involvement directly.

The second set of variables within our data which might be regarded as supportive of the under-involved dyads constituting of emotionally independent mothers, can be found in table 4.3.2a, which documents the relationship between actual, expected and ideal levels of grandmother involvement and the mothers' SES. Observation of the inter-relationship between these two sets of variables, indicated that mothers who perceived grandmothers to be under-involved tended to be of higher SES than dyads in which grandmothers responses were tailored or unexpectedly high; (although it is important to note that this was a directional trend rather than a significant association). This might be viewed as supporting the contention that the mothers in this group are 'capable' women whose needs are likely to be met independently of the grandmother. Therefore grandmothers' may be especially wary of confrontations as they may feel 'disposable' in the sense that their daughters do not actually need their assistance; thereby resulting in anxieties regarding developmental role investments and continuity (Bengston & Kuypers, 1971; Burton, 1990, Cherling and Furstenberg, 1986; Fingerman, 1995; Hagestad, 1985; Leek & Smith, 1991; Neugarten and Weinstein, 1964; Sticker, 1991; Sussman, 1985;). Support for the 'competence' of mothers' within our under-involved group, was also reflected in the high level of their parenting efficacy.

Alternatively the demographic characteristics of this group may be more reflective of our (ii) contention, in that due to mothers' apparent independence and efficiency grandmothers were fairly distant in regard to childcare advice and support in order to avoid interfering. This may result in maternal displeasure at what they perceive to be disinterest which becomes translated into confrontational behaviours by the mother; this in turn may cause anxiety for the grandmother.

The final point in regard to the data sample collected, is that there may be some 'significant feature of our under-involved dyads' which led to their being prepared to participate whilst other 'non-optimal' dyads were not. It seems plausible that the reason why this group of mothers agreed to take part is that they were 'emotionally secure' in regard to the dynamics of their intergenerational relationship, despite viewing it as 'dysfunctional'. This suggests that the mothers' emotional resilience facilitated their maintaining a positive self-image in regards to their role within the grandmother – mother relationship, whilst the grandmothers were negatively effected by the dynamics of the dyads interactional style. It should, however, be noted at this point that the level of anxiety seen in

under-involved dyads as opposed to over-involved dyads suggests that the mothers whose expectations were not met tended to report higher levels of anxiety. The dyads' interactional style may, therefore, also be negative for mothers.

The pattern of associations between ratings of intergenerational discordance and mental health also suggest that in situations which grandmothers do recognise as being conflictual they experience more mental health problems, especially in regards to anxiety. This would appear to lend support to the emotionally damaging effects threats to 'continuity' may have in terms of grandmothers' wellbeing. Support for this eventuality may be found within previous research relating to the developmental stake, which suggests that grandmothers under-report or entirely deny the existence of intergenerational discordance (Fingerman, 1995). Therefore, for grandmothers to acknowledge the presence of conflict with their daughters, suggests that the relationship may be dysfunctional. No such association was found between mothers' ratings on these two dimensions. This suggests that although mothers may be more vulnerable in terms of mental health problems (as indicated by the dyads respective HADS scores and previous research findings eg Puckering 1989), poor intergenerational relationships do not present the same threat to their wellbeing as was found for grandmothers. This pattern of findings highlights the importance of developmental role investments in bringing insight to the understanding of intergenerational relationships.

5.6.2. Interpretation of Findings – The Relationship between Grandmother Over-Involvement and Intergenerational Outcomes.

The significant pattern of results associated with grandmother over-involvement could also be explained in relation to our model (see section 5.3.2.1 and figure 5.3.2.1b), although it is important to reiterate that the following discussions are of a speculative nature. Findings indicated a link between higher than expected levels of grandmothing and elevated levels of maternal anxiety and parenting inefficacy. However, when child temperament was accounted for the relationship between FiE and anxiety was no longer significant.

When the pattern of association with efficacy was considered within the context of the 'over-involved' (FiE) groups dyadic characteristics, the nature of their relationship might suggest a tailored response to changing maternal needs; from the time mothers' grandmothing expectations were formed in the weeks before and after the babies birth,

and completing the questionnaire. This was illustrated by two factors, firstly the 'over-involved' group experienced the lowest levels of intergenerational discord (as rated by mothers), this suggested that either the mothers within this group were emotionally resilient being capable of successfully negotiating grandmother interference without resorting to confrontation. Or, and in light of the elevated levels of anxiety and inefficacy seen in this groups more probably, that the high levels of grandmothing were in response to an 'emotionally needy / vulnerable' mother.

There is the possibility that over-involvement preceded the negative maternal outcomes, as opposed to being a response, there was however, an absence of associated responses on the FiI. This implied that although mothers did not anticipate requiring the high level of assistance they eventually received, the assistance was nevertheless appreciated as it did not exceed their ideals. This was exemplified by the mothers in the over-involved FiI group, being different to the group of mothers experiencing anxiety and efficacy related problems.

There was also an absence of associated elevation in maternal depression alongside low parenting efficacy, which when considered in the context of previous studies suggesting that there are increased mental health risks associated with parenting inefficacy (Bandura, 1982, Johnson and Mash, 1989) may be seen to verify the role of highly supportive grandmothing in buffering mothers and infants from 'parenting stresses'.

Although findings discussed above did suggest that the overly high levels of grandmothing might represent a tailored response to need, this does not seem to tally with the lack of association between elevated maternal anxiety in relation to difficult child temperament and maternal anxiety, and the level of grandmother involvement. This pattern of results undermines the argument that overly high grandmother involvement is in response to a mother struggling to cope with the demands of her new role.

One other point of interest which could be observed, was the level of association seen between the absolute scores on the ISAGS and the mothers' ratings of parenting efficacy, in relation to the effect size found in relation to the FiE scores and efficacy. This demonstrated that although the relationship between high levels of grandmothing and parenting inefficacy were apparent within the absolute ratings, that the correlation was fairly weak, further supporting the usefulness of tailoredness as a measure. Neither was it possible based upon this association alone to attempt an interpretation of the probable reasons' behind the association found.

5.6.3. Interpretation of Findings – The Relationship between high levels of Intergenerational Discord and low level of Parenting Satisfaction.

When considering the small association between high levels of intergenerational discord over parenting issues and low levels of parenting satisfaction, the plausible explanations must be regarded as entirely speculative for two reasons. Firstly, the strength of association was very weak and as such the finding might not represent an actual association. Secondly, this was not an association we had anticipated finding and as such the theory behind the relationship was not explored in detail. It is, however, arguable that the conceptualisation of the entrance into motherhood presents women with an opportunity to re-evaluate the nature of grandmother – mother relationships and consider issues related to the meaning of motherhood (Hansen & Jacob, 1992), thus providing a context within which the association between satisfaction and discord might be interpreted. It is plausible that the realisation motherhood is not necessarily an easy or even rewarding process, if the end result is a dysfunctional mother – offspring relationship, might cause mothers to question the ‘worth of motherhood’ thereby reflecting negatively in their role related satisfaction.

5.7 The Implications of Findings in Terms of Tri-Generational Patterns of Mental Health within a UK based sample.

Within the current grandmother-sample it would seem that the group who were most at risk in terms of wellbeing, in relation to intergenerational relationships and the tailoring of grandmother involvement, were the grandmothers. As findings suggested that the conflict associated with some intergenerational dyads was associated with both low levels of grandmothing and grandmaternal anxiety. The correlations between intergenerational discord (as acknowledged by both mothers and grandmothers) and grandmother mental health, also supported the negative effects of argument and disagreement of levels of both anxiety and depression.

No negative associations clearly attributable to ‘insensitive / non-tailored grandmothing’ were identified within the sample. It is, however, possible that the relationship between over-involvement and parenting efficacy did reflect an interfering grandmother undermining her daughter, rather than the relationship being a tailored response to maternal needs in relation to parenting ability. Hence it might be hypothesised that *another* of the reasons the mothers within our sample were relatively healthy in terms of mental wellbeing, was that

when required the grandmothers supported their daughters in an appropriate and sensitive manner.

In regards to infant outcomes and grandmothereing within the over-involved group, as mediated by maternal wellbeing, it would seem probable that if the support of grandmothers assisting daughters who experienced parenting difficulties was a tailored response, then it would be of benefit to their grandchildren on a number of levels. (i) Their relationship with the mother might be protected due to the absence of any associated maternal depression, this in turn has been shown to have far reaching effects in regards to the infant's current wellbeing and later functioning. (ii) The beneficial effects may be mediated through maternal parenting behaviours, which are known to be associated with both feelings of efficacy and depression (Bugental, 1987, cited by Johnston and Mash, 1989; Cutrona and Troutman, 1986; Puckering, 1989). In turn this is likely to be of benefit in terms of both current infant wellbeing and future functioning (Loeb, et al, 1977; Herrenkohl, et al, 1995; Hops, 1995; Puckerin, 1989). (iii) There is also likely to be an effect due to circumvention of insecure attachment relationships as a function of maternal depression (Belsky and Vondra, 1989; Radke-Yarrow, Cummings, Kuczynski and Chapman, 1985), which is known to effect infants on a number of levels in terms of current and future social, emotional and cognitive functioning (Bowlby, 1980; Cassidy, 1988; Hazen and Shaver, 1994; Jacobsen, et al, 1984; Sroufe, 1983; Shaw and Vondra, 1993; Waters, Whippmann and Sroufe, 1979).

It is also conceivable that in the future the distant – conflicting grandmother – mother dynamic being established within this group may have long-term consequences on grandchildren. This may occur through the effects of witnessing conflict, however given the 'distance' in terms of both physical (in miles) and emotional divides between these mothers and grandmothers, this seems unlikely. The most probable long-term effect of the dyads relationship style is that grandmother – grandchild relationships will suffer as a function of the mothers' 'role as gate keeper' (Cherlin and Furstenberg, 1986;).

The negative impact on grandmothers with regard to the dynamics seen within the under-involved dyads was most apparent. It appeared that these grandmothers experienced elevated levels of mental ill health in association with discordant mother – daughter relationships. Which when considered in conjunction with the relatively low levels of contact they enjoyed with their extended families, might be expected to reflect negatively on their future adjustment in coming to terms with old age and issues of genetic continuity.

As has been consistently highlighted throughout this discussion section, the nature of our conclusions was necessarily speculative. In order to try and address some of this problem, a longitudinal study was undertaken to try and clarify the likely direction of some effects. This second phase to the exploration of tailoredness is described within the following chapter. It must, however, be noted that even with the exploration of longitudinal data it was not possible to establish any definite cause and effect relationships (see chapter six section 6.1), and that the limitations of the current data set in regards to the nature of the sample were only compounded within phase two of the study as a function of the reduced sample size. Thus the tentative nature of any conclusions based upon the current studies findings must not be over-looked, reiterating the explorative nature of this new research approach to grandmothing.

CHAPTER SIX

A Longitudinal exploration of Change in Intergenerational Relationships during the first three years of Motherhood

6.1. Introduction

Although interesting relationship patterns between the tailoredness of grandmothing and intergenerational patterns of discord and mental wellbeing were established by the main study, no firm conclusions as the direction of relationships could be drawn due to the cross-sectional nature of the design¹. It was hoped that a longitudinal study would address this issue, thereby further elucidating the impact of tailored grandmothing in regard to intergenerational outcomes.

The longitudinal study was also considered to be important in regard to the validation of the new measures, and the ‘mother’s / daughter’s perspective’ measures on the CRPR. It was hoped that by comparing how mother / grandmother attitudes were associated between time I and time II an evaluation as to the long-term stability of the constructs might be established.

The same models as were outlined in chapter five (figures 5.3.2.1a & 5.3.2.1b) were considered equally applicable to the exploration of the longitudinal data. No new relationships were considered within this study, it was not, therefore felt necessary to re-review the literature in relation to grandmothing at this stage.

When tested with our sample of mothers and grandmothers, the predictions made within the models of tailoredness (figures 5.3.2.1a & 5.3.2.1b) regarding the outcomes of over and under-grandmother involvement within the contexts of ‘independent’ and ‘needy’ mothering situations, identified two interesting groups of dyads. The patterns of outcome variables associated with these two groups posed some interesting research questions, however, it was not possible to establish the direction of effect with the cross-sectional data. Therefore it was hoped that the longitudinal data would enable the direction of effects to be established, thereby enabling some clearer conclusions to be drawn as to the dynamics of grandmother – mother relationships within our sample.

¹ Although the existence of the two view points ‘realisation of expectations’ and ‘realisation of ideals’ reflected in the FiE and FiI scores did provide an indication as to the direction of some relationships.

Before going on to outline the questions posed in this study, as driven by the main study findings, it is first necessary to note that due to the poor response rate by participants the type of questions which we were able to address were very limited (see section 6.3 for a further discussion of the data limitations). It was therefore necessary to pose simple questions as to the relationships between singular pairs of variables, and it was not possible to address the questions specifically relating to either under or involved groups.

It should also be outlined that the presence or absence of a particular direction of effect, identified by the longitudinal study, could not be regarded as firmly establishing or negating the cause / effect of the relationships seen. Rather it was hoped to be able to draw conclusions with more confidence, thereby establishing some very clear suggestions for future research studies. Alongside the inherent problems in psychological studies with regards to issues of causality, the nature of the relationships being explored in the current study were particularly difficult to clarify. The reason for this being that the time at which grandmother disinterest for example, may have negatively impacted upon the mother's current behaviour towards her in regards to confrontation and argument, could have occurred during the mother's childhood. Thus no change in their relationship pattern would necessarily be seen between time I and time II of our study. The only relationships likely to be clearly determined in regards to direction of effect, are those which were affected by current factors at time I.

Alongside the difficulties regarding the timing at which intergenerational interaction patterns were established, there is also potential for grandmothing patterns considered to be helpful by mothers at time I, to be viewed as interference by time II once the mother has gained confidence in her parenting role.

Therefore, due to a culmination of limitations, some inherent within the research and some associated with the current studies sampling problems, the findings of the longitudinal study were unlikely to provide the power necessary to clearly define the direction of effect in regard to the effects associated with the 'tailoredness' of grandmothing. Nevertheless, with these limitations in mind, an exploration of the grandmothing role was carried out with the longitudinal data in regards to addressing the specific research questions outlined below.

6.1.1. The Relationships identified as important by the Main Study.

There were a number of interesting relationships identified within the main study, in regard to the impact of ‘tailored’ grandmothering and mother – infant outcomes. However, in the interests of clarity it was decided to focus on only three main questions within the longitudinal study. The first set of questions address the relationship between grandmother under-involvement (distant grandmothering) and the level of conflict experienced within the dyad. The second set of questions address the relationship between grandmothers’ mental wellbeing and the levels of conflict experienced within the dyad. The third set of questions address the relationship between the realisation of expectations (in regard to grandmothering) and maternal parenting self-esteem.

The main study identified an association between realisations of expectations, in particular grandmother under involvement, and the maternal ratings of discord on both the acknowledged and derived ‘mothers’ perceived’ scales of intergenerational discordance over childcare. Based on the available literature and the demographic characteristics of the dyads, it was not possible to successfully disentangle these issues because plausible explanations were available in relation to either conflict leading to distancing, or vice versa. It was therefore of interest to try and determine the direction of effect in relation to these two sets of variables, as different conclusions might be drawn in relation to the explanation behind the relationship if this were known.

- (1) Did the conflict precede the grandmothers’ ‘distant’ behaviour? Or did the grandmothers’ ‘distant’ behaviour precede the conflict?

Another interesting finding requiring exploration as to the direction of effect, was the relationship between grandmaternal anxiety and acknowledged (not derived) intergenerational conflict. The correlations reported in chapter five also indicated that acknowledged discord and most particularly grandmother reports of arguments, were associated with grandmothers’ mental health. It might therefore be theorised that grandmaternal health is negatively affected by elevated levels of intergenerational conflict, alternatively poor grandmother mental health may preclude her from managing the sometimes difficult demands of new mothers without recourse to argument. Thus there were two different, but theoretically sound, explanations

regardless of the direction of effect. It was hoped that analyses of the longitudinal data would determine which of these possibilities was the case within our sample.

- (2) Does poor grandmother mental health precede intergenerational discordance, or does intergenerational discordance lead to poor grandmaternal health?

The second set of questions, posed by the main study data, were in regard to the effects of over-involvement. It was found in the first study that higher than expected levels of grandmother involvement in childcare were associated with lower maternal efficacy. There were two plausible explanations for the direction of this effect, one being that the grandmothers were undermining the mother resulting in maternal feelings of inefficacy. The second possibility was that levels of grandmothers were a 'tailored' response to need in a group who felt ineffectual in their parenting role. The direction of this relationship was hypothesised as being a tailored response rather than interference, as although mothers' expectations were exceeded their ideals were not. The absence of elevated maternal depression within this group was also seen as supportive of the grandmothers' protective rather than negative influence. It was not, however, possible to draw firm conclusions upon this basis, particularly in light of the lack of association between high levels of grandmothers and maternal anxiety in relation to difficult child temperament. Thus it was hoped that the longitudinal data would address these two possibilities.

- (3) Do high levels of grandmother involvement precede maternal parenting feelings of inefficacy, or do they represent a response to pre-existing parenting difficulties?

Although parenting satisfaction was not associated with levels of grandmother involvement at time I, previous research would suggest that satisfaction within the parenting role is related to feelings of efficacy (Johnston & Mash, 1989), therefore it was decided to assess whether this relationship had developed overtime.

6.2. Method

The method employed within study II was essentially the same as that for the main study I, this was a decision taken in order to achieve as high a level of compatibility between the two sets of study findings as possible. There were essentially only two differences between the methodologies employed between time I and time II. The first of these related to the method of distribution employed in study II. As grandmother – mother dyads from the main study, which agreed in principle to participate in future studies, included information relating to their home address it was possible to send the questionnaires to the mothers / grandmothers directly.

The second difference was that the ICQ was omitted from study II. The rationale behind this decision being that the ICQ (Bates et al, 1979) version implemented in study I was designed for use with infants aged six months, and was therefore inappropriate for use in study two. The only equivalent version, which might have been appropriate for use with the younger infants in study II, was not sufficiently validated for inclusion in the questionnaire battery.

The other point, which must be noted in relation to the study II data collection, relates to the timing of the study in relation to study one. It was initially intended for a 12 month time elapse between phase one and two of the study, however, as outlined in chapter two unforeseen circumstances resulted in the research being officially suspended for a one year period in June 1997. There were also problems with the return of questionnaires from the period commencing in May 1997, therefore when the research was resumed it was necessary to initiate more data collection commencing in June 1998. The Longitudinal data collection was also delayed, as a function of the suspension. This resulted in study II which now included participants recruited at two different times, running from August 1999 – January 2000. The end result of these unavoidable circumstances, was a bi-modally distributed sample in regard to time elapsed between time I and time II, and a similarly distributed sample in terms of infant age (see figures 6.2a and 6.2b respectively).

It had been hoped to avoid this situation by recruiting the longitudinal sample from the initial sample of mothers recruited in 1997, however it soon became apparent that insufficient numbers of mothers and grandmothers were electing to participate for a second time. It was therefore necessary to begin a second wave of time II data collection in October 1999, this time attempting to recruit all participants from the study commenced in June 1998.

Copies of the mothers' and grandmothers' time II questionnaires were identical to the original questionnaires, (see appendices one and two for mother and grandmother measures).

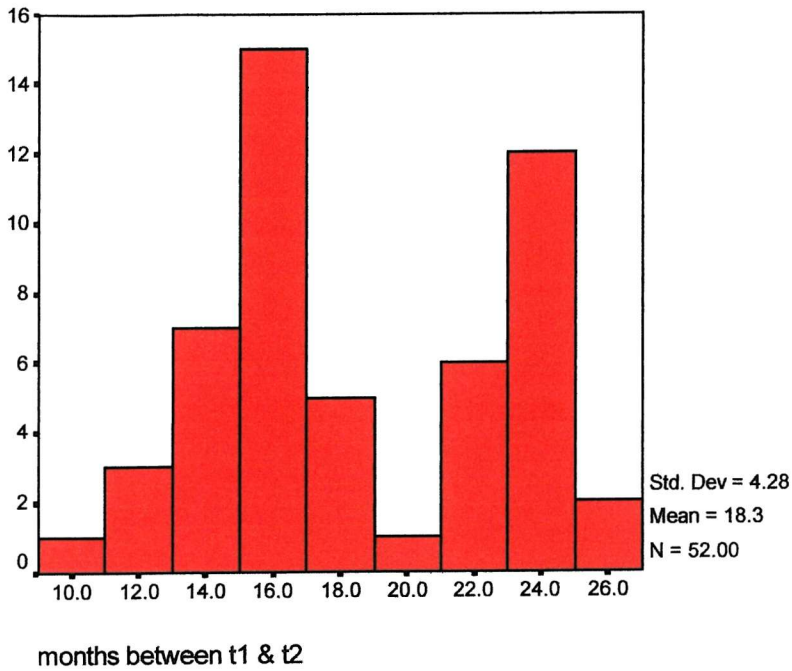


Figure 6.2a; Study II, Months elapsed between Time I and Time II

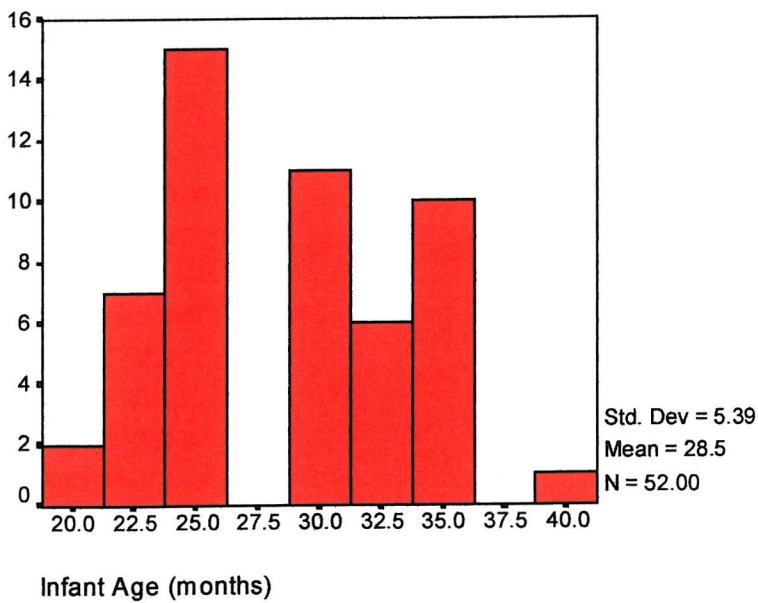


Figure 6.2b; Study II, Infant Age (months)

6.2.1. Participants

There were 91 participants, of which 40 were mothers and 51 were grandmothers. Of these participants 39 of them were dyads. The mothers' age in study II ranged between 22 years old and 41 years, with a mean age of 30.4 years (s.d. 4.7). The grandmothers' age ranged between 48 years to 69 years old, with a mean age of 57 years (s.d. 5.1). The ages of the mothers mirrored those of mothers in the time I study very closely, however, the grandmother age range was narrower than that seen in the main study (41 – 79). (for a comparison see chapter two, section 2.7.2).

	<u>Mothers</u> (N = 40)	<u>Grandmothers</u> (N = 51)
<u>Demographic Characteristics</u>		
Married	95%	86.7%
Partners	—	4.2%
Single	5%	9.1%
 SES Group		
I	16.2%	38.5%
II	45.9%	15.4%
III	27.1%	23.1%
IV	10.8%	20.5%
V	0%	2.5%
 Religion – None		
	27.5%	10.4%
Religion – Christian		
	67.5%	81.3%
Religion – Other		
	5.0%	8.3%

Table 6.2.1a; The demographic characteristics of the study II sample.

The sample characteristics were comparable to those described in study I in regards to SES, in that the dyads tended to be from higher rather than lower SES

groups. The sample were also comparable in terms of their religious beliefs and marital status. (for a comparison see tables 2.7.2a and 6.2.1a)

	<u>Mothers</u> (N = 40)	<u>Grandmothers</u> (N = 51)
<u>Relationship Characteristics</u>		
Distance	75.5 (102.1)	_____
Visits	112 (119)	_____
Phone	198.9(132.6)	_____
<u>Personal Characteristics</u>		
Mean Depression	4.63(2.9)	3.45(2.7)
Depression ‘Normal’	80.0%	89.3%
‘Mild’	17.5%	10.7%
‘Moderate’	2.5%	
‘Severe’		
Mean Anxiety	7.43(3.9)	5.74(3.9)
Anxiety ‘Normal’	51.3%	74.5%
‘Mild’	30.8%	17.0%
‘Moderate’	15.4%	4.2%
‘Severe’	2.6%	4.2%

Table 6.1.2b; The relationship and personal characteristics of the study II sample

Note: The values shown in the table are means unless otherwise indicated,

The values shown in parenthesis are standard deviations.

The results in this table are derived from time I data.

The characteristics of mothers and grandmothers in regards to levels of contact was also very similar, although on average the time II only participants tended to live further apart. The time II group were also fairly representative of time I participants in relation to the levels of mental health problems. The main shifts being that there were no participants in the severe categories for depression and only one mother in

the moderately depressed categories, there were however, proportionally slightly more mothers and grandmothers in the mild category than had been present at time I. For the mothers' ratings on the anxiety measure there were proportionally more mild and less normal cases than at time I, and for the grandmothers there were more severe and moderate cases with less mild cases than seen at time I. Overall, however, the weighting towards low levels of mental health problems was comparable across the two samples, and grandmothers still presented with lower level of problems than their daughters. (The differences discussed may be seen by comparing tables 2.7.2b and 6.2.1b).

6.3 Results – Limitations of the Data

Due to the problems encountered with the recruitment of participants into phase II of the study, the availability of data precluded much of the exploration in regard to assessing 'tailoredness' within a longitudinal framework. As although the number of participants recruited was sufficient for 'entire sample' analyses, it was not possible to sub-divide the sample into the FiI and FiE categories of 'fit'.

The same derived measures of intergenerational discrepancies in parenting attitudes and realisations utilised with the time I data were employed with the time II data.

As with the main study data for unexplained reasons some participants failed to complete one of the scales comprised within the questionnaire battery, and as such the numbers of participants whose ratings were able to be included within the various analyses varied slightly.

Prior to analysis of the data the distributions were checked for normality.

6.3.1. Initial Data Treatment - Could the sub-sample of dyads recruited into Study II be viewed as representative of the Main Study sample?

In order to address this question a series of independent sample *t*- tests were carried out for both mothers and grandmothers, to assess the whether the sample recruited into phase II of the study differed from the main study sample on any of the key measures. In order to achieve this it was first necessary to section out from the main study sample the grandmothers / mothers who participated in the longitudinal follow-up.

The results of these analyses, shown in table 6.3.1a indicated that neither samples of mothers and grandmothers differed significantly on the measures. Thus it was felt

	Mothers (N=39 - 41)				Grandmothers (N=35 - 36)			
	Main Sample	Time II sample	<i>t</i>	<i>p</i>	Main Sample	Time II Sample	<i>t</i>	<i>p</i>
<u>Conflict</u>								
Disagreement	12.3(4.8)	11.1(3.8)	(175) -1.38	.17	10.1(4.3)	9.0(2.6)	(151) 1.69	.09
Argument	7.8(2.7)	7.3(1.8)	(177) 1.05	.29	6.9(1.9)	6.6(1.5)	(152) .73	.47
<u>Mental Health</u>								
Anxiety	7.0(3.8)	7.4(3.9)	(178) - .69	.49	5.6(3.5)	5.7(3.9)	(158) - .26	.80
Depression	4.6(2.9)	4.9(2.9)	(180) - .54	.59	2.7(2.0)	3.4(2.8)	(156) -1.89	.06
<u>Support</u>								
Actual	16.3(5.2)	18.4(9.2)	(176) -1.86	.07	15.4(5.5)	15.9(7.6)	(155) - .51	.61
Expected	14.7(4.2)	16.2(9.2)	(178) -1.41	.16	13.6(4.2)	13.7(5.9)	(150) - .17	.86
Ideal	18.2(7.3)	17.1(3.6)	(178) 1.16	.25	15.0(4.3)	16.0(5.9)	(152) -1.20	.23
<u>Advice</u>								
Actual	9.5(3.6)	9.7(4.1)	(177) -0.36	.72	9.0(3.3)	9.7(4.0)	(160) -1.17	.25
Expected	11.4(4.7)	12.1(4.7)	(180) -0.92	.36	9.5(3.7)	10.5(4.4)	(159) -1.56	.12
Ideal	10.3(3.7)	10.0(4.4)	(181) .42	.68	9.1(3.5)	9.9(4.2)	(159) -1.17	.25
<u>Parenting</u>								
Nurturance	92.7(6.1)	93.5(4.8)	(178) - .73	.47	92.5(7.4)	93.6(6.7)	(145) - .80	.42
Restrictiveness	70.0(16.3)	68.9(13.4)	(175) .38	.70	68.6(16.4)	74.3(18.3)	(145) -1.88	.06
Efficacy	21.6(5.6)	20.0(5.1)	(179) 1.61	.11				
Satisfaction	32.6(4.9)	32.4(4.7)	(177) .23	.82				

Table 6.3.1a; Difference Between Time II sample and the remainder of Time One sample on Key Measures

Note: The values in the tables are means sd. Are shown in parentheses; *t* test values, d.f are shown in parentheses; * indicates $p < 0.05$.

that the results from the study II sample could be generalised to the main study sample.

6.3.2. Were there Continuities across the Measures at Time I and Time II?

The reports of mothers and grandmothers were then assessed to determine whether their reports at time I, were associated with those at time II. This was seen as important in the validation of the measures, as well as being of interest in determining whether features of intergenerational relationships do remain stable over the first few years of motherhood.

The assessment of continuity between time I and time II on the ICS as rated by both mothers and grandmothers was found to be low, with the only association reaching significance being that between mothers' reports of disagreements (table 6.3.2a).

Time One	Maternal		Grandmaternal	
	Disagree	Argue	Disagree	Argue
Time Two				
Maternal				
Disagreement	.43**	.31	.29	-.05
Argument	.21	.19	.15	-.06
Grandmaternal				
Disagreement	-.05	-.13	.22	.05
Argument	-.05	-.06	.06	.16

Table 6.3.2a; The Continuity of Acknowledge Discord.

Note; The values shown in the table are Pearson's r values

** indicates that $p < 0.01$

The number of participants = 40 mothers, = 51 grandmothers & = 39 dyads

As shown in table 6.3.2b, mothers and grandmothers parenting attitudes and their perceptions of their mothers / daughters attitudes showed continuity between time I and time II.

Time One	<u>Maternal Attitudes</u>				<u>Grandmaternal Attitudes</u>			
	Actual Attitudes		Perceptions of her Attitudes		Actual Attitudes		Perceptions of her Attitudes	
	Nurture.	Restrict.	Nurture.	Restrict.	Nurture.	Restrict.	Nurture.	Restrict.
Time Two								
Maternal Actual								
Nurturance	.70**	-.21	.19	-.03	.28	-.22	.34*	-.13
Restrictiveness	-.42**	.47**	.00	.32	-.24	.48**	.05	.10
Perceptions of Maternal								
Nurturance	.24	-.00	.43**	-.19	-.25	.06	.07	-.07
Restrictiveness	.02	.36*	-.01	.63**	-.06	.25	.15	.72**
Grandmaternal Actual								
Nurturance	.48**	-.15	.43*	.10	.60**	.06	.29	.11
Restrictiveness	.16	.19	.11	.62**	.01	.58**	.29	.21
Perceptions of Grandmaternal								
Nurturance	.10	.21	.24	.26	.11	-.11	.37*	.22
Restrictiveness	-.14	.06	-.05	.19	-.07	.49**	.05	.18

Table 6.3.2b; Correlation between mothers' and grandmothers' scores on the CRPR at time I and time II.

Note: The values shown in the tables are Pearson's r values. * indicates $p < 0.05$, ** indicates $p < 0.01$.

The only variable which did not remain stable over time, thereby failing to show a significant association, were the maternal perceptions of grandmothers' restrictiveness.

A strong pattern of continuity was found between both mothers and grandmothers scores at times I and II on the HADS, suggesting that their mental health scores at time I were related to their scores at time II (table 6.3.2c).

In regard to the associations between grandmothers and mothers ratings on the ISAGS at time I and time II the level and numbers of correlations were very high (table 6.3.2d). This suggests two things, firstly that the dynamics of intergenerational relationships in regard to involvement levels remained stable over time within our sample of mothers and grandmothers. Secondly the pattern of inter-relatedness between the levels of the ISAGS and across grandmother – mother reports, which was apparent within the main study data, was still in existence when the additional factor time I / time II ratings was taken into account. This might be expected within a sample of grandmother – mother dyads in which 'tailoredness' is high, and when the measure being employed has good reliability.

Time One	Maternal		Grandmaternal	
	Anxiety	Depression	Anxiety	Depression
Time Two				
Maternal				
Anxiety	.76**	.44**	-.04	-.02
Depression	.20	.64**	-.02	.22
Grandmaternal				
Anxiety	.07	.16	.66**	.55**
Depression	.13	.12	.51**	.53**

Table 6.3.2c; Correlations between mothers and grandmothers scores on the HADS at time I and time II.

Note; The values shown in the table are Pearson's *r* values

** indicates that $p < 0.01$

The number of participants = 40 mothers, = 51 grandmothers & = 39 dyads

Time One	<u>Mothers' Ratings</u>						<u>Grandmothers' Ratings</u>					
	Support			Advice			Support			Advice		
	Actual	Expected	Ideal	Actual	Expected	Ideal	Actual	Expected	Ideal	Actual	Expected	Ideal
Time Two												
Mother Support												
Actual	.55**	.38*	.35*	.53**	.36*	.43**	.47**	.34*	.33	.44**	.32*	.45**
Expected	.55**	.53**	.51**	.53**	.40**	.59**	.55**	.43**	.45**	.47**	.39*	.58**
Ideal	.47**	.41**	.48**	.55**	.40**	.55**	.39*	.21	.30	.59**	.49**	.57**
Mother Advice												
Actual	.23	.15	.18	.40*	.30	.33*	.15	-.09	.06	.27	.09	.40*
Expected	.37*	.32*	.34*	.43**	.66**	.35*	.33*	.24	.32	.25	.19	.32
Ideal	.26	.19	.14	.34*	.22	.42**	.13	.06	.13	.24	.07	.39*
G.Mother Support												
Actual	.54**	.41**	.39*	.34*	.29	.13	.78**	.50**	.38*	.46**	.31	.40*
Expected	.41**	.33*	.22	.23	.13	.12	.58**	.42*	.24	.42*	.24	.43**
Ideal	.50**	.34*	.25	.36*	.03	.22	.64**	.48**	.41*	.47**	.30	.41*
G. Mother Advice												
Actual	.38*	.38*	.43**	.44**	.08	.43**	.32	.11	-.04	.65**	.36*	.60**
Expected	.43**	.41**	.41**	.41*	.19	.21	.49**	.35*	.24	.53**	.52**	.54**
Ideal	.45**	.32	.38*	.55**	.19	.46**	.43**	.17	.10	.62**	.55**	.72**

Table 6.3.2d; Correlation between mothers' and grandmothers' scores on the ISAGS at time I and time II.

Note: The values shown in the tables are Pearson's r values. * indicates $p < 0.05$, ** indicates $p < 0.01$.

6.3.3. Have levels of Discord, Support and Mental Health changed between Time I and Time II?

Prior to addressing the research questions outlined in section 6.1.1, it was decided to compare the key measures at times I and II to determine whether there had been any significant changes in either the intergenerational dynamics of grandmother – mother relationships in terms of levels of discordance or involvement, or in the dyads mental health.

Paired t-tests were used to explore these relationships between measures at time I and time II.

The results of these analyses, shown in table 6.3.3a demonstrated that maternal scores had remained constant between time I and time II on all measures, with the possible exception of the Ideal scale of the ISAGS for which the analyses showed border line significance of $p = 0.05$. This scale showed a trend towards mothers desiring lower levels of grandmother support, between time I and time II. This trend was also seen in the grandmothers' ratings of their daughters' wishes in regard to support, although the means of grandmaternal ratings in relation to maternal ratings demonstrate that grandmothers are still under-estimating mothers' ideals at time II.

The analyses with the grandmothers' data sets revealed that their attitudes in regard to support and advice has altered over-time, in general there was a trend towards grandmothers rating their daughters as receiving and desiring lower levels of parenting advice.

The lack of change in mothers mental health overtime suggested that the change in relationships between variables at times I and II would not be overly informative in addressing our research questions as to the direction of effects. The analyses were, however, carried out in order to determine whether outcome measures were predictable at time II.

	Mothers (N=39 - 41)				Grandmothers (N=35 - 36)			
	Time 1	Time 2	<i>t</i>	<i>p</i>	Time 1	Time 2	<i>t</i>	<i>p</i>
<u>Conflict</u>								
Disagreement	11.3(3.9)	12.0(5.1)	(38) -.89	.38	8.6(2.5)	9.1(2.8)	(34) -.87	.39
Argument	7.4(2.0)	7.8(3.3)	(39) -.58	.57	6.6(1.1)	6.6(1.8)	(34) -.17	.86
<u>Mental Health</u>								
Anxiety	7.3(3.9)	7.5(4.1)	(39) -.46	.65	5.6(3.7)	4.5(3.0)	(34) .24	.02*
Depression	4.8(2.9)	5.0(3.2)	(39) -.54	.59	3.5(2.8)	3.2(2.9)	(34) .61	.54
<u>Support</u>								
Actual	18.2(9.1)	16.6(5.1)	(40) 1.36	.18	14.9(4.4)	15.4(4.5)	(35) -.97	.34
Expected	16.1(9.1)	15.3(3.8)	(40) .66	.51	12.7(3.5)	13.5(4.3)	(34) -1.03	.31
Ideal	18.2(7.3)	16.2(3.7)	(40) 2.00	.05	15.1(3.0)	13.7(4.0)	(34) 2.07	.05*
<u>Advice</u>								
Actual	9.8(4.0)	8.8(2.8)	(39) 1.63	.11	9.3(2.9)	8.0(3.0)	(35) 3.25	.00**
Expected	12.1(4.6)	11.5(3.1)	(40) 1.24	.22	10.1(3.2)	9.4(3.3)	(35) 1.19	.24
Ideal	10.0(4.4)	9.8(3.3)	(40) .20	.84	9.4(3.3)	8.5(2.9)	(35) 2.34	.03*

Table 6.3.3a; The change in maternal / grandmaternal ratings on the ISAGS, HADS and ICS over time.

Note: The values in the tables are means sd. Are shown in parentheses; *t* test values, d.f are shown in parentheses; * indicates $p < 0.05$.

6.3.4. Addressing the research questions from the main study in regards to direction of effect.

The three main research questions outlining the important relationships identified by the main research study (as outlined in section 6.1.1.) will now be addressed. In order to assess the directions of effect a series of regression analyses were run between the variables on the time I and time II measures.

For each of the three main research questions eight regression analyses were run, these are presented within models I – IV for each of the research questions in turn (see tables 6.3.4.1a & 6.3.4.1b, 6.3.4.2a & 6.3.4.2b and 6.3.4.3a).

6.3.4.1. The direction of effect between dyad conflict levels and ‘distant’ grandmother behaviour

In order to determine the direction of effect between acknowledged conflict as reported by mothers and ‘distant’ grandmother behaviour, eight regression analyses were run, with conflict followed by ‘distance’ as the time one predictor variables respectively. The results of these analyses may be found in table 6.3.4.1a.

In regard to model I, the analyses revealed that 15 percent of the variance in disagreement at time II could be accounted for by the realisation of expectations at time I and the level of disagreement at time I. When disagreement at time I was controlled for, the realisation of expectations at time I did not predict the level of intergenerational conflict at time II. The model did, however, show that disagreement at time I was significantly predictive of disagreement at time II ($p = 0.01^{**}$). Thereby confirming the stability of this variable overtime.

Neither, however, did disagreement at time I predict the realisation of maternal expectations at time II when the realisation of expectations at time I was controlled for (Model II, table 6.3.4.1a). In this case the time I rating of realisation of expectations highly significantly predicted the same rating at time II, again suggesting that the newly designed measures do remain reliable over long periods of time.

In regard to model IV, the relationship seen between argument and realisation of expectations mirrored that seen in model II relating to disagreement and expectations. In this case 23% of the variance in the realisation of expectations at time II could be predicted by argument and realisation of expectations at time I, when however, the effect of realisation of expectations was controlled for, it could be seen that there was

no relationship between argument at time I and the realisation of expectations at time II.

Only model III (table 6.3.4.1a) regarding the relationship between argument at time II and the realisation of expectations at time I, failed to account for a significant proportion of the variance. With only 4% of the variance in intergenerational argument levels at time II (as reported by the mothers) being predicted by the realisation of grandmothereing expectations at time I and Argument at time I. Therefore indicating that an unaccounted for variable may explain the level of argument at time II, or that this measure is unreliable.

Thus it was not possible to answer this research question, regarding the direction of effect between maternal ratings of acknowledged intergenerational discord and the level of grandmothereing provided in relation to maternal expectations, by the methods available for use with the longitudinal data set.

As well as assessing this research questions utilising measures of acknowledged discord, it was also felt to be of importance to assess the relationship between maternal expectations and derived measures of 'parenting discord'. These analyses using the derived measures from the CRPR may be found in table 6.3.4.1b.

Models II and III in table 6.3.4.1b showed that the ratings on the realisation of expectations at time I and the difference in restrictiveness at time I, highly significantly predicted maternal ratings on the same scale when mothers completed the questionnaires at time II.

Model I in table 6.3.4.1b indicated that neither the realisation of expectations or the discrepancies in nurturance at time I, could predict the variance in maternal perceptions of nurturance at time II.

Model IV differed from the other three in that together the realisation of expectations at time I and the level of discrepancy perceived by mothers at time I, predicted 37 % of the variance in maternal ratings of under / over grandmothereing at time II. It was found that perceptions of large differences in restrictiveness at time I, predicted lower levels of grandmother involvement in relation to maternal expectations at time II ($p = .01$) when expectations at time I were controlled for.

		Model I		Model II		Model III		Model IV	
	DV	Disagree time II		Rel Exp. II		Argument time II		Rel Exp II	
	IV	Rexp I	Dis I	Dis I	Rexp I	Rexp I	Arg I	Arg I	Rexp I
<i>Adjusted R Square</i>		.15		.22		.04		.23	
<i>Beta</i>		.40	.45	.09	.53	.24	.27	-.04	.51
<i>t-value</i>		.26	.28	.58	3.50	1.40	1.61	-.24	3.35
<i>p-value</i>		.80	.01**	.57	.001**	.17	.12	.81	.002**

Table 6.3.4.1a; The relationship between maternal reports of disagreement and the realisation of expectations in regard to grandmother involvement.

Note: The results of the analyses were rounded up to two decimal places. * = $p < 0.05$, ** = $p < 0.01$

Rexp I = Realisation of Expectations in regards to levels of grandmotherring at time I

Dis I / Arg I = Maternal reports of childcare Disagreements / Argument at time I.

Rel Exp II = Realisation of Expectations in regards to levels of Grandmothering at time II

Number of participants = 40

		Model I		Model II		Model III		Model IV	
	DV	M P. dis. Nurt time I		Rel Exp. II		M P dis. Rest. time II		Rel Exp II	
	IV	Rexp I	N Dis I	N Dis I	Rexp I	Rexp I	R Dis I	R Dis I	Rexp I
Adjusted R square		.00		.28		.50		.37	
Beta		-.24	-.03	.24	.57	.14	-.67	-.40	.40
<i>t-value</i>		-1.46	-.18	1.71	4.02	1.21	-5.61	-2.97	3.01
<i>p-value</i>		.15	.86	.10	.000**	.24	.000**	.01**	.01**

Table 6.3.4.1b; The relationship between maternal perceptions of childcare disagreement and the realisation of expectations in regard to grandmother involvement.

Note: The results of the analyses were rounded up to two decimal places. * = $p < 0.05$, ** = $p < 0.01$

Rexp I = Realisation of Expectations in regards to levels of grandmotherring at time I

N Dis I / R Dis I = Maternal reports of Difference in Nurturance / Restrictiveness at time I.

Rel Exp II = Realisation of Expectations in regards to levels of Grandmothering at time II

M P dis. Nurt / Rest. time II = Mothers' perception of differences in dyad's Nurturance / Restrictiveness

Number of participants = 40

6.3.4.2 The direction of effect between dyads' conflict levels and grandmaternal mental health.

The regression analyses shown in tables 6.3.4.2b and 6.3.4.2a, demonstrated that in the case of both the grandmothers' and the mothers' ratings of argument at time II, the variance could not be predicted by either of their respective ratings of argument at time I or grandmothers' mental health at time I (see models I and III in tables 6.3.4.2b and 6.3.4.2a respectively).

The same pattern of results was also found for both mothers' and grandmothers' predictors of mental health (as shown in models II and IV within tables 6.3.4.2a and 6.3.4.2b). In all four of these cases the predictor variable argument at time I was not found to predict any of the variance in grandmaternal mental wellbeing at time II, when the control variable of grandmothers' mental wellbeing at time I was accounted for. The mental health of grandmothers at time I was in fact found to be a very strong predictor of their mental health at time II, suggesting that grandmaternal anxiety and depression are highly stable over time.

		Model I		Model II		Model III		Model IV	
	DV	Argument time II		Anxiety II		Argument time II		Depression II	
	IV	Anx I	Arg I	Arg I	Anx I	Dep I	Arg I	Arg I	Dep I
<i>Adjusted R square</i>		.01		.41		.03		.23	
<i>Beta</i>		-.13	.26	.09	.67	-.17	.23	.03	.53
<i>t-value</i>		-.73	1.48	.69	5.00	-1.06	1.38	.19	3.45
<i>p-value</i>		1.48	.15	.49	.000**	.30	.18	.85	.00**

Table 6.3.4.2a; The relationship between maternal reports of Argument and grandmaternal mental health

Note: The results of the analyses were rounded up to two decimal places.

* = $p < 0.05$, ** = $p < 0.01$

Arg = Maternal reports of Argument at time I

Anx / Dep I = Maternal reports of childcare Anxiety / Depression at time I.

Number of Participants 39

		Model I		Model II		Model III		Model IV	
	DV	Argument time II		Anxiety II		Argument time II		Depression II	
	IV	Anx I	Arg I	Arg I	Anx I	Dep I	Arg I	Arg I	Dep I
<i>Adjusted R Square</i>		-.03		.40		-.03		.23	
<i>Beta</i>		-.11	.11	-.02	.66	.08	.16	.01	.53
<i>t-value</i>		-.61	.92	-.11	5.00	.48	.89	.07	3.50
<i>p-value</i>		.55	.36	.91	.000**	.63	.38	.95	.00**

Table 6.3.4.2b; The relationship between Grandmaternal reports of Argument and grandmaternal mental health

Note: The results of the analyses were rounded up to two decimal places.

* = $p < 0.05$, ** = $p < 0.01$

Arg = Maternal reports of Argument at time I

Anx / Dep I = Maternal reports of childcare Anxiety / Depression at time I.

Number of Participants 51

6.3.4.3. The direction of effect between the realisation of expectations (in regard to grandmothering) and maternal parenting self-esteem.

The results presented in table 6.3.4.3a suggest that it was not possible to assess the direction of effect in regards to maternal efficacy and the realisation of expectations of grandmothering, using the longitudinal data. The results found simply showed that maternal reports on the two respective scales at time I strongly predicted their response to the same issues at time II see (models I and II). This pattern of results was also seen in model IV suggesting that when maternal realisations of expectations at time I are controlled for, maternal parenting satisfaction at time I cannot predict the realisation of expectations at time II.

Model III in table 6.3.4.3a did, however, suggest that high maternal parenting satisfaction at time I was predictive of a tendency towards more (rather than less) grandmothering at time II, when the effect of realisation of expectations at time I was controlled for.

The literature suggests that maternal parenting satisfaction may be associated with levels of parenting efficacy. It was therefore decided to test this by entering both the realisation of expectations and parenting efficacy and satisfaction at time I into the regression analyses as IVs with satisfaction at time II as the DV, to determine whether efficacy could account for the relationship found. The effects of the three IVs combined accounted for 21% of the variance in satisfaction at time II. When the effects of expectations and satisfaction at time I were controlled for, efficacy at time I did not predict satisfaction at time II ($Beta = -.13$; $t = -.80$, $p = .43$).

	Model I		Model II		Model III		Model IV	
DV	Efficacy time II		Rel Exp. II		Satisfaction time II		Rel Exp II	
IV	Rexp I	Eff I	Eff I	Rexp I	Rexp I	Sat I	Sat I	Rexp I
<i>Adjusted R square</i>	.23		.25		.22		.27	
<i>Beta</i>	-.11	-.54	.03	.54	-.31	.35	.19	.56
<i>t-value</i>	-.75	-3.60	.17	3.66	-2.07	2.36	1.29	3.91
<i>p-value</i>	.46	.001**	.87	.001**	.05*	.02*	.20	.000**

Table 6.3.4.3a; The relationship between maternal reports of efficacy and satisfaction and the realisation of expectations in regard to grandmother involvement.

Note: The results of the analyses were rounded up to two decimal places. * = $p < 0.05$, ** = $p < 0.01$

Rexp I = Realisation of Expectations in regards to levels of grandmotherring at time I

Eff I / Sat I = Maternal reports of parenting Efficacy / Satisfaction at time I.

Rel Exp II = Realisation of Expectations in regards to levels of Grandmothering at time II

Number of participants = 40

Discussion – Summary of main findings and their implications.

The overall findings in relation to the measures suggested that the relationship features being assessed were very stable over the considerable time period between the main study and the follow-up. The reliability of the scales was therefore confirmed on all measure save the ICS.

The mothers rating of grandmaternal restrictiveness was found to change overtime, when this was compared with the grandmothers' ratings of her own restrictiveness at times one and two, it could be seen that although not significantly different grandmothers ratings of their own restrictiveness had increased between time I and time II ($p = .06$). Thus suggesting that mothers' perceptions of the grandmother are dynamic in that they reflect changes in her behaviour.

The continuity analyses relating to the stability of constructs over time and the reliability of measures, demonstrated that for all but the ICS the measures were highly associated between times I and II, particularly when the length of time elapsed was take into account. This suggested that the scales were reliably measuring the grandmothers and mothers attitudes, and in the case of the ISAGS and the modified version of the CRPR for measuring intergenerational discord may be seen as adding weight to the reliability and validity of these scales for use in assessing grandmothering.

The only measure which did not show continuity over time was the ICS, although the mother disagreement scale was shown to be significantly correlated between times I and II. The question as to the reliability and validity of this measure is a difficult one. It has been shown that measures of acknowledged discord are probably not the best way of assessing grandmothers' views of intergenerational conflict; either because they choose not to report discordance, or that pressures associated with developmental role investments alter their perceptions of events. This problem has been compounded by the non-conflictual sample recruited into the current study, thereby rendering the measure of argument particularly vulnerable in terms of reliability. The problems associated with these factors have been overcome to an extent by the inclusion of the derived measure of disagreement, although this has not addressed the issue of the under-reporting of arguments. It is therefore important to note that the findings of the studies may be compromised by the under-reporting of conflict by mothers, but more particularly by grandmothers.

One of the two relationships explored which indicated that a predictor variable accounted for a significant amount of the variance in an outcome variable, indicated that grandmothers who were perceived their dyads to hold differing views on restrictiveness at time one were seen as more likely to under-support at time II. The only plausible explanation for this was that mothers who viewed grandmothers as holding very different views, tended to do so in the direction of their being more restrictive. Thus it might be that grandmothers viewed as restrictive are also more likely to be currently under-involved with their daughters.

The other significant relationship of interest, was that daughters whose mothers were under-involved at time one, were more likely to be satisfied in their parenting role at time two. This finding is supportive of a direction of effect reflecting interfering grandmothers being of detriment to maternal parenting satisfaction. This finding cannot be reported as reliably determining the direction of effect, however, as the overall pattern of relationships seen in the longitudinal data were not supportive of the validity of findings. Neither were the strength of predictions seen highly supportive of such a conclusion.

The problems catalogued above in regards to the argument scale on the ICS may provide the explanation for the lack of variance in any of the 'important' time II measures (including argument) argument at time I was able to predict. These problems undermine any other possible conclusions which may have been drawn in response to these findings. It is worth noting at this juncture that the predictive relationship between restrictiveness and realisation of expectations included the only variable on which maternal ratings were found to differ significantly between times I and II, ie the maternal perceptions of discrepancies in restrictiveness.

The stability in both maternal and grandmaternal responses to the scales was able to account for most of the regression analyses results, in that the same measures taken at time I tended to predict the type of response made at time II. This tended to suggest that the relationships being questioned between the possible outcome variables identified in chapters four and five, could not be answered in regards to the direction of effects due to the dynamics of the associations being shaped before the time I measure was taken. This possibility seems very plausible, in that by 9.9 months (which was the mean age of infants in the first study) grandmothers and mothers will have already negotiated many of the difficulties likely to arise during the early years

of motherhood. It is however equally possible that the lack of predictions in either of the hypothesised directions, actually reflect flaws in the original hypotheses.

In order to ascertain whether or not tailoredness does represent the adaptive approach to studying the complex field of grandmother – mother relationships in regard to tri-generational wellbeing, more studies will have to be carried out. On the basis of the longitudinal results it was, however, possible to confirm that the parenting and involvement measures adapted and designed for use in the study are reliable overtime; thus suggesting that further exploration of the issue of ‘tailoredness’ utilising these new measures would be worthwhile.

CHAPTER SEVEN

Discussion – The Role of Tailoredness in Exploring Grandmothering

7.1 Summary of Main Findings – The Tailoredness of Grandmother Involvement

The findings from our initial study of grandmother – mother relationships served several functions. Firstly the usefulness of tailoredness as a measure of the quality of intergenerational relationships was highlighted within the main study. Suggesting that the discrepant findings associated with some quantitative studies of grandmother – mother relationships might be resolved if this construct were employed.

Secondly the importance of tailoredness as a construct in the conceptualisation of grandmothering was highlighted, and as will be discussed in more detail below, clear directions for future studies have been established. Patterns of associations between the realisation of expectations and ideals were explored in relation to intergenerational discord and mental health (see chapters four and five respectively). These patterns suggested that the tailoredness of grandmothering was associated with grandmother – mother outcomes as predicted by the models relating to tailoredness and grandmother under / over involvement. This was considered to be especially significant within our ‘low risk’ sample of mothers and grandmothers (see section 7.2), as none of the situational variables which might normally be used to predict wellbeing, SES for example, were of use in differentiating mothers / grandmothers in terms of outcomes. It must, however, be noted that in order to interpret the outcomes from the analyses of tailoredness and mental wellbeing, measures of situational variables were necessary and as such were invaluable to the analyses of data.

Thirdly the fact that the measure of tailoredness was able to explain levels of grandmother anxiety, was also viewed as being valuable, because all too often studies of grandmothering focus on the outcomes in relation to mothers and infants without considering the cost / benefits to grandmothers.

It was highlighted throughout discussions of chapters four and five that the interpretation of our data must be approached with caution, due to the high numbers of analyses being carried out and the sometimes weak effects / associations being discussed. The results of analyses were, however, all consistent with the models being tested; thereby supporting the construct validity of tailoredness as an intergenerational concept. In light of the longitudinal findings, it is however, necessary to advise even more caution in the interpretation of findings. Because although there were serious doubts in regards to the validity of the time II findings, in relation to their appropriateness to address the research questions being

posed, the fact that no real support was found for the relationships predicted to be significant within the models of tailoredness cannot be disregarded.

7.2 Summary of Main Study Findings – The role of Grandmothering within a UK based Sample

The initial finding from the larger data sample employed within the main study, in which it was possible to categorise dyads into under, tailored and over involved groups, highlighted interesting associations. It was consistently found that the levels of grandmothering provided in relation to expectations and ideals, differentiated between the groups of mothers' in regards to their mental wellbeing, parenting esteem, and the quality of intergenerational relationships in regard to discord. Thus the role of tailoredness in explaining the outcomes in relation to intergenerational wellbeing within a UK based sample was supported.

Due to the problems associated with the recruitment of a representative cross-section of UK mother-grandmother dyads, it was not possible to generalise our findings to Grandmothering in the UK as a whole, just to those grandmothers and mothers whose demographic and emotional characteristics mirrored those found within our sample. Before going on to outline our findings in relation to the role of grandmothers in the UK it was, therefore necessary to outline the main significant features of our dyads.

The age of mothers and grandmothers within the sample was spread across a wide age range (18 - 41 & 41 - 79 respectively), thereby demonstrating that all age groups were represented, with the exception of teenage mothers. The dyads also tended to be from higher rather than low SES groups and tended to be in stable romantic relationships. These characteristics were of particular interest in comparison to much previous research, which has tended to focus on at risk groups of mothers who were often very young.

The mothers and grandmothers who agreed to participate were also found to report lower levels of mental health problems, in regard to depression, than would be expected within wider grandmother - mother populations. It was also found that the dyads recruited generally enjoyed harmonious intergenerational relationships, with the exception of one specific group who will be discussed below. These general participant characteristics were seen to reinforce the fact that the dyads within our sample did not represent an 'at risk' group and that they should probably be considered a 'low risk' group.

The relationship characteristics of the mothers – grandmothers recruited into the current study, were categorised along the two dimensions of 'realisation of expectations' and

'realisation of ideals'. In general the FiE ratings were found to differentiate the groups most clearly into those who experienced problems associated with intergenerational relations and those who did not, for this reason the FiE groups are those which will be presented in the following sections. It was also found that mothers ratings in regard to tailoredness were more differentiating than those of grandmothers; therefore the discussions below refer to maternal rating.

The role of grandmothering within our 'low risk' UK based sample will now be outlined, with the impact of differing grandmother – mother dynamics, in relation to wellbeing, being discussed.

The main group of dyads (50%) were categorised as having received their expected levels of grandmothering. This group of individuals were not found to experience significantly more problems in regards to their wellbeing, than either the under or over-involved groups. This suggests that in general a tailored response to maternal situations, wishes, and needs was provided by grandmothers, and that this was associated with 'healthy' outcomes for both mothers and grandmothers.

In the instances of over-involvement in regards to maternal expectations, the high levels of grandmother intervention seemed to be in response to maternal needs associated with parenting inefficacy and anxiety. Thus this portion of grandmothers could be regarded as sensitively responsive to their daughters needs, providing a supportive buffer in situations where it was necessary due to poor maternal adjustment in the mothering role. If this over-involved group of mothers did constitute of any 'interfering' grandmothers, this was not reflected in any negative outcomes for the dyad. Thus suggesting that either 'interfering grandmother – mother dyads did not agree to participate (which seems plausible), or that the mothers receiving too much assistance negotiated problems with the grandmothers in a sensitive manner.

The dyads within the 'under-involved' group were characterised by mothers whose SES and parenting sense of efficacy tended to be high but whose ratings of intergenerational discord were also high. These mothers did not experience elevated levels of depression in comparison with the other two groups, although they were slightly more anxious than mothers in the 'as expected' category. It could therefore be seen that the mothers within this under-involved group were unlikely to be 'dependent' upon the grandmother, and as such it would not be anticipated for 'ill-effects' in regards to the impact of non-tailoredness on wellbeing to be associated with under-involvement for this group of mothers.

The emotional and social security of mothers within the 'under-involved' dyads was further supported by the fact that their reports of high intergenerational discord, were associated with significantly elevated grandmother anxiety (in comparison to the other two groups) but not significantly with increases in their own anxiety. This suggested that it was the grandmothers, as opposed to mothers, within these dyads who were negatively effected by the nature of their mother – daughter relationships. It was felt that this could best be explained in relation to developmental role investment theories, which highlight the importance of intergenerational continuity in the wellbeing and adjustment of individuals as they age. The characteristics of the daughters within these dyads was such that the grandmothers' may have been especially wary of 'interfering' due to concerns regarding the displeasure of mothers. Whether these fears were warranted could not be determined, in that the direction of associations between elevated discordance and grandmaternal 'distancing' were not known. It could, however, be seen that the increase in discord was associated with grandmother anxiety, thereby suggesting that within dyads characterised by competent, independent mothers, it is the grandmothers who are at risk of negative outcomes in association with the provision, or not, of a tailored level of involvement.

In regards to three generational outcomes, it would seem that the high levels of grandmothering provided in response to maternal feelings of inefficacy may act to protect mothers from subsequent depression. In this regard grandmothering may be regarded as buffering both mothers and infants from the associated problems of depression.

The other negative tri-generational effect likely to be associated with the patterns of grandmothering seen in the current sample, is that within the conflictual group of under-involved dyads if problems between mothers and grandmothers remain unresolved this may have long-effects for not only grandmothers, but also their grandchildren. As grandparents represent an important source of support and friendship to their grandchildren, often providing unconditional love which is different to that of any other relationship, if mothers and grandmothers remain distant the children may miss an important opportunity to forge bonds with their grandparents.

Again, it must be re-iterated at this point that the longitudinal data were not supportive of these findings, and as such they *must* be viewed as speculative.

7.3 Summary of Main Findings – The Characteristics of UK based Grandmother – Mother Dyads, Intergenerational Continuities and Differences

The findings from this section of the study were of interest due to the fact that many previous studies focussing on grandmother – mother differences have focussed on specific samples, such as adolescent mother – grandmother dyads, or immigrant families. Thus the findings of the current study provided valuable information regarding a ‘low risk’ UK group of grandmother – mother dyads.

In general it was found that grandmothers and mothers reported very similar child rearing attitudes. Thus support was not found for a number of studies which report grandmothers as holding more authoritarian views than their daughters. This was not, however, considered to negate an overall societal shift toward more authoritative attitudes, rather the fact that grandmothers is a functionally different role to that of mothering and as such grandmothers should not be expected to hold restrictive attitudes.

In regard to continuities in child rearing attitudes, patterns of association were present although weak. The lack of strong correlations was not surprising, as research has noted the importance of accounting for societal shifts in attitudes when considering intergenerational continuities in attitudes. The theory of ‘relative transmission’ and the differences inherent in the grandmothers and mothering roles, would also predict the low levels of intergenerational correlation found; due to the moderating effects of mothering and grandmothers roles on childcare attitudes.

Similarly small associations were found between grandmother – mother mental health, which again was seen to reflect the relatively higher demands of the mothering role, resulting in different pressures affecting mothers and grandmothers. In general higher levels of anxiety and depression were found in mothers than in grandmothers, supporting the notion that the transition to motherhood represents a time of elevated risk in terms of mental health even within a ‘low risk’ sample of new mothers.

With regard to intergenerational *perceptions* of similarities and differences in childcare attitudes, the results of grandmother – mother reports were in line with the predictions of theories relating to developmental role investments. These theories, the developmental stake in particular (Bengston & Kuypers, 1971), suggest that grandmothers minimise differences and mothers may maximise them due to their needs for continuities and independence respectively. Mothers within our sample were found to regard differences as more pronounced than grandmothers, which might suggest that grandmothers within our sample viewed their daughters and grandchildren as representative of their continuity in the

future, and as such had vested interests in maintaining harmonious intergenerational relationships. The tendency of grandmothers to under-report intergenerational differences was supported by our findings relating to tailoredness and discord.

In summary, the current characteristics of grandmothers and mothers in terms of childcare attitudes were very similar, however, the mothers' reports regarding grandmaternal childcare practices did suggest that in the past they may have employed more restrictive practices than they report in conjunction with their new grandparenting role. There were also continuities in intergenerational mental health patterns, however, once again the effect of an individual's 'developmental role' had a significant impact upon their functioning. Thus it may be seen that in order to understand the patterns of continuity and difference across generations it is necessary to consider their developmental context.

7.4 The Limitations of The Main Study and Longitudinal Study

The primary limitations of the main study, but more particularly study II, were in relation to sampling and recruitment difficulties. It is now necessary to consider the two studies independently in order to successfully outline the problems encountered.

The primary limitations within study I were in regard to the non-participation of 'at risk' mothers and grandmothers, this was in regard to their SES, overall mental wellbeing, but most particularly in regard to the levels of discordance seen in the dyads. In fact the sample could be best described as 'harmonious'. Whilst on the one hand this may be viewed as a serious limitation, in regard to the generalisability of findings, it could similarly be viewed as advantageous in regards to three issues. Firstly this group of dyads is without doubt the most under-represented within the literature, and as such the findings from the current study are valuable in terms of exploring the role of grandmothering in a group of stable families.

Secondly, some of the more subtle findings in regard to the effect of particular dyadic situations may have been obscured within a wider sample of mothers and grandmothers. As such this may suggest that a screening procedure prior to the categorisation of dyads, on for example their level of risk in regard to SES or severe depression, may be useful. This is because the outcomes in relation to under and over involvement are conceptualised differently for 'at risk' and secure mothers.

Thirdly it was also of interest to note that the construct of tailoredness was sufficiently sensitive to differentiate between mothers and grandmothers, in what was a fairly homogenous sample.

In regard to study II the problems associated with recruiting sufficient numbers of grandmothers and mothers were so severe that much of the intended analyses in regard to determining the change in dynamics of grandmother – mother relationships over-time was prohibited. In particular it was not possible to truly test questions relating to ‘tailoring’ as the categorical measures of fit could not be calculated. It was possible to assess the relationships between outcome measures at times one and two. However, there was an absence of change between time one and two on the outcome variables of interest. One positive point in regard to the limited numbers of participants recruited into study II was that they were broadly representative of the main study sample across all the main measures.

The result of the time elapsed between the first wave of the main study data collection and the second, was not problematic in relation to the study one data set. However the resulting bi-modal data distribution in the follow up study with regards to infant age was unfortunate.

Another of the primary limitation of both the studies was that all the measures used were self-reported questionnaire measures. Although some of the inherent problems in this approach were overcome by taking, for example two measures of discordance one which was acknowledged and another which was derived from discrepancy scores, as well as collecting two sets of information by questioning both mothers and grandmothers, there were nevertheless limitations associated with this approach. The main limitation was probably in regard to the grandmothers’ reticence to admit to disagreement with their daughters. In many ways this finding was valuable in itself in regard to the impact of role investment upon individual perceptions of the same situation, and as was demonstrated by comparison between the scores on the derived and the acknowledged discord measures, grandmothers were definitely under-reporting childcare disagreement. It would have been valuable to have some more objective measure of their relationship style in regards to childcare, however, this was not possible for a number of reasons. Including those related to the practicalities of assessing dyads who often lived many miles apart, and in regard to dyads agreement to participate as not inconsiderable difficulties were faced in the completion of questionnaires which were delivered directly into participants’ homes.

The problems associated with the measurement of disagreement, but more particularly argument, have left questions as to the reliability, but more particularly the validity of the ICS. The reliability of this measure was shown to be high in the initial test re-test phase of the questionnaire design. When the stability of discord over the time lapse between time I and time II was examined, the ICS was, however, the only measure not to show consistency

for all the grandmother / mother scales (mothers' disagreement was found to be associated between times I and II). This does not necessarily mean that the measure was unreliable, as it is plausible that the dynamics of intergenerational relationships in regard to discordance do alter over long periods of time. However, the overall questions regarding the reporting of acknowledged discord suggest that this measure was vulnerable. Therefore further research is required using less harmonious samples before any conclusions can be reached as to its usefulness.

The length and complexity of the questionnaire was doubtless a factor in the numbers of dyads who failed to participate, as well as being an influence on the number of individuals who failed to successfully complete one or other of the measures. Despite these problems, and the associated skewness in our sample toward well educated dyads, changes to the numbers of scales included would not be made in retrospect. Neither would the measures requiring mothers / grandmothers to put themselves in the others' shoes and complete measure from their mothers / daughters perspective be omitted, as although these were the scales on which most participants struggled, they also provided an invaluable source of information. One issue which does require consideration are the grandmother ISAGS scales for expected and ideal levels of involvement, it was felt that these were probably over-complex thereby precluding their usefulness. Careful consideration will have to be given to using them in their current format again, with perhaps changes being made so that grandmothers simply answer from their own perspective. This does present some problems in so much as they were designed to determine the accuracy of grandmaternal perceptions of their daughters needs, therefore enabling this determinant of under / over involvement to be explored, so removing the 'daughter's perspective' needs to be decided upon in relation to the research questions being addressed.

As will be discussed in section 7.7 directions for future research will involve the employment of different sample groups, in many cases the complexity of the questionnaire may be too great to ask mothers to complete them independently. It may instead be necessary to modify the measurement of the tailoredness construct, so that a structured interview technique may be used to gather the data.

The final limitation of the design revolved around the decision to limit explorations to *maternal grandmother* – mother relationships, to the exclusion of paternal grandmothers. Although this limitation is recognised it was nevertheless felt that this was a necessary condition for inclusion in the study. Maternal grandmother – mother relationships are by the nature of their historic context inherently distinct from paternal grandmother – mother

relationships. A new mother's relationship with her own mother is unique, in that on entry to motherhood a woman can make active decisions regarding whether or not to emulate her own childhood experiences. Not only is a mother's insight into the maternal grandmother's parenting attitudes important in determining the level and type of childcare support accepts, the type of relationship they experienced in the past (eg their attachment relationship) is also likely to impact upon current grandmother – mother functioning. For these reasons the focus of the current study was limited to maternal grandmothers, however, from this it should not be inferred that paternal grandmother – mother relationships are less important. Rather that paternal grandmother – mother relationships are not directly comparable with maternal grandmother – mother relationships. Neither does the differing nature of the paternal grandmother – mother relationship preclude their inclusion in any future studies employing the measures of 'tailoredness'; as these measures do not attempt to determine the factors (eg. Historic) determining the ideal level of grandmother involvement. It may therefore be of interest to carry out research using these tools with a paternal grandmother – mother population at a later date.

The data were also unquestionably limited in terms of assessing tri-generational outcomes as associated with grandmothing in the UK, as the measures relating to infant outcomes were minimal. However, it was never the intention of this study to explore these issues in anyway other than from a theoretical perspective.

The inclusion of a few more explanatory items might also have been of benefit. For example a slightly more comprehensive assessment of the dyads overall relationship quality would be of interest in determining the reasons for grandmother under-involvement and conflict. The decision behind the purely quantitative approach employed by the current study was driven by the need to fully explore and validate the new questionnaire measures. Quantitative measures were preferable in this regard for a number of reasons, including the ability to easily and accurately repeat the measurement of 'tailoredness' and other relationship / outcome variables. Whilst a greater understanding of the nature of factors shaping mothers' decisions regarding 'tailored' grandmother involvement would have been gleaned by the implementation of qualitative measures, this level of understanding was beyond the scope of the current study. The intention of the 'tailoredness' measures was to circumvent the necessity to explore the reasons behind maternal attitudes towards optimal levels of grandmother involvement. It was felt that many previous studies had tried to achieve this aim, but that the plethora of potentially influential factors was beyond measurement utilising conventional assessment techniques. Neither was it felt to be fruitful

to try and prescribe the optimal level of grandmother involvement based upon past research findings from pertinent subject areas; as grandmother – mother relationships are all entirely unique, there is no right or wrong type or level of interaction. For these reasons the efforts of the current thesis were directly channelled into the design of the ‘tailoredness’ measures, and the assessment of these measures by analysing their ability to distinguish between dyads (for example those dyads experiencing conflict). It was hoped to further validate the new measures by exploring the relationship between non-optimal grandmother – mother relationships and mental wellbeing, however, as has been outlined the sample recruited did not enable many positive conclusions to be drawn.

The fact that qualitative measures were not included in the current study was also influenced by the resources available. It would clearly be of interest to further explore the issue of ‘tailoredness’ using a more in depth qualitative approach, with the intention of further understanding the factors behind maternal ideals regarding grandmothing. However it was not felt that this was possible within the time constraints of the current study, as the emphasis was on the necessity to recruit sufficient numbers of dyads into the questionnaire study to enable the reliability and the validity of the new ‘tailoredness’ measures to be assessed. The other limiting factors in relation to interviewing the current study’s sample was their geographic location (mothers were situated across the entire south coast of England and grandmothers were spread ‘world wide’ in some cases) as well as dyads’ willingness to take part. Not inconsiderable problems were encountered in persuading dyads to complete questionnaires, the additional problems in negotiating interviews would have been prohibitive.

The quantitative measures of intergenerational discordance and mental wellbeing employed, enabled a detail assessment of the impact of ‘tailoredness’ on mother – grandmother dyads. The main limitations of the study in regard of the validation of ‘tailoredness’ were not associated with the short comings of the measures, rather they were associated with the self selecting sample of emotionally stable and harmonious grandmother – mother dyads recruited. In this regard the employment of quantitative measures was fortuitous, as it enabled the recruitment of a relatively large sample of dyads. It was therefore possible to discern relatively subtle difference between the dyads in the ‘under’, ‘optimal’ and ‘over’ categories of grandmother involvement; thereby enabling a greater understanding of ‘tailoredness’ to be achieved than would have been possible with a reduced sample.

Although it was not possible to fully validate the 'tailoredness' measures, due to the sample limitations, the predicted associations with intergenerational discordance and mental wellbeing were present (although weak) and in the expected direction for the mothers' measures. Which given the characteristics of the sample recruited was seen as a positive result in support of the 'tailoredness' hypothesis. Given the limitations of the current study it was felt that the consistency of results gave considerable support to the future exploration of 'tailoredness' as a useful conceptualisation of intergenerational relationships.

7.5 The Implications of the Study findings in regard to the Measurement of Grandmothering.

The construct of tailoredness and the realisations of ideals and expectations, were without doubt highly informative as to the functions and outcomes of grandmothering within the current sample. It was possible with the additional information provided by demographic and situational measures, to make testable predictions as to the likely outcomes associated with the levels of grandmother involvement in childcare. Our data was found to fit the theoretically predicted models describing the dynamics associated with grandmother under and over involvement, suggesting that the application of these constructs in the future measurement of grandmothering might bring valuable insights as to the likely outcomes for different dyads.

The derived measures of intergenerational discrepancies in child rearing attitudes were also informative as to the levels of discrepancy in childcare attitudes as perceived by grandmothers. This was particularly significant given the grandmothers' reticence to acknowledge discord openly. This approach to assessing the levels of grandmaternal discord reported overtly and as derived through discrepancy measures, enabled an easy assessment as to the magnitude of effects known to impact upon grandmothers' perceptions on conflict. The use of the modified version of Block's CRPR may, therefore be of use within any future studies wishing to explore the impact of developmental role investments on the perceptions of mothers and grandmothers.

The implementation of this type of measure in the assessment of intergenerational relationships is particularly useful given its' ability to circumvent the problems associated with assessing the multiple interrelated factors (both current and historic), which may be theoretically predicted to negate the grandmother's appropriateness as a support figure. It is theoretically plausible that the use of this measure would lead to less discrepancy within the literature, in terms of the outcomes associated with grandmothering. This might be

particularly significant for research focussing on low income teenage families, within which the number and complexity of factors associated with the costs / benefits of grandmother intervention are highly important in view of the bleak outlook for many of these families. There are many theories regarding the impact of living circumstances; whether the entrance into motherhood was elective; and the length of time mothers are reliant upon their extended families; all of which appear to play a significant role in determining the outcomes for mothers and infants. None of these approaches can, however, encompass all the potential factors which are likely to impact upon the effects of grandmaternal support for individual mothers, and as such the findings of studies are bound to be varied. It is not suggested that the measures of tailoring and discrepancies in child rearing attitudes would be able to address all the problems inherent within this field. But they might enable a straightforward assessment as to the appropriate level of grandmother assistance for individual dyads if problems associated with conflict are to be avoided.

7.6 The Implications of the Study findings in regard to Policy

There has been a great deal of research interest in the role of grandmothing over the last decade, primarily as a function of the ever-increasing numbers of teenage girls becoming mothers. This growing group of mothers are significant in terms of grandmothing due to the vital role maternal grandmothers are seen to provide for these mother – infant dyads. Within the low-income African American population the role of grandmothers is especially prominent, with a significant proportion of adolescent girls relying on their mothers to support not only them, but also their infants.

Due to the associated problems of adolescent child rearing many studies have explored tri-generational co-habitation with a view to documenting the protective effects of grandmother support and intervention. The findings from these studies have, however, been highly divergent with findings ranging from positive effects for both mothers and infants, to negative outcomes in terms of maternal mental health and child behaviour problems. In spite of the uncertainty surrounding the benefits of tri-generational living arrangements, many US states now reflect the demographic shift towards early off-time transitions to motherhood, by the stipulation that teen-mother must co-habit with a parent or guardian to qualify for financial assistance. For this reason alone any research approach helping to illuminate situations in which enforced grandmother involvement leads to detrimental effects for mothers and infants, must be regarded as worth while.

Within the UK the numbers of adolescents entering the role of motherhood is also increasing, and as such the findings relating to dyads which would, and would not, benefit from co-habitation is of increasing salience. It would, therefore be of interest to explore the use of tailoredness measures within this population sub-group.

7.7 Directions For Future Research

Before the measures of tailoredness can be treated with confidence in relation to sample groups other than 'low risk' mother – grandmother dyads, no firm conclusions can be drawn regarding the usefulness of the measure as a tool for identifying grandmothers, mothers, and infants at risk due to non-optimal intergenerational relationships. Therefore the primary aim of future research would have to be to validate the measures with for example, clinical or specially recruited conflicting dyads. It would seem that one approach might be to recruit two sub-samples of participants who are known to present with particular intergenerational characteristics and assess the success of the tailoredness measures in differentiating between the groups.

The intergenerational conflict scale needs to be explored in terms of its reliability and validity with a group of less 'harmonious' dyads, in order to assess whether the minimal reports of conflict were related to self-selecting sampling characteristics as hypothesised or if the measure is simply insensitive to intergenerational discordance.

If the validity of the measure were proven, then it would be of benefit to extend research into at risk groups of both mothers and grandmothers. Such research would be useful in determining whether the measures might be of use in predicting the dyads for whom maintaining distant relationships styles, is healthier in terms of the dyads' mental wellbeing and maternal parenting efficacy.

7.8 Conclusions

In conclusion, the aims of the study were realised in regards to the main study. The new measures of 'tailoredness' and the derived discrepancy scores were found to be reliable and demonstrated good construct validity. The intergenerational conflict scale cannot be regarded with the same level of confidence and requires further exploration before conclusions as to its psychometric properties can be drawn.

Interesting findings were highlighted in regards to the impact of tailored grandmothing with a 'low risk' sample of UK based grandmothers and mothers. These suggested that in general grandmothers are sensitive to the requirements of their daughters, providing a

tailored response to their needs. The only exception to this was with a sub-section of dyads within which the mothers appeared to be higher in confidence and resources than the mothers in the other groups. For these dyads the intergenerational interaction pattern was best described as being conflictual - distant. Within these dyads a pattern of grandmother under-involvement was highlighted in association with elevated levels of conflict as reported by the mothers and increased grandmother anxiety. This suggests that for some grandmothers the problems associated with meeting their daughters needs and wishes in relation to grandmothereing, might be damaging to their own wellbeing.

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Appendices: Contents

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APPENDIX 1 The Mothers' Questionnaire Instrument.

NAME:

ADDRESS:

MOTHER'S NAME:

MOTHER'S ADDRESS:

This sheet will be stored separately from your questionnaire responses. This information is only necessary in case we need to contact you again. Your questionnaire responses will remain entirely anonymous.

Please complete the following questions as accurately and honestly as possible. Where appropriate, please indicate by circling which category best describes your situation. If the question is not relevant to you please mark with N/A.

Age:

Age of your Baby:

Marital status: **Single**

Living with partner

Married (1st time)

Divorced (single)

Divorced living with partner

Re-married

Work:

**Full - time
mother**

**Working mother
part - time**

**Working mother
Full - time**

Student

Reason for working: **Financial necessity** **Career choice** **Other (specify)**

Job title:

Job title of partner:

Are you responsible for caring for anyone other than your infant? If so please specify the situation.

Religion:

Please State:

None

Please list the people living in your household:

How many bedrooms are there in your house?

How far do you live from your mother?

What type of transport do you use to visit your mother?

On average, how many times in a month have you seen your mother since the birth of your infant?

On average how often do you speak with your mother?

In What Ways is Your Mother Involved in the Care of Your Baby?

I would now like you to answer some questions about the kind of care your mother provides for you and your infant. Please read the following statements, and decide which of the categories ranging from **Very Rarely** to **Very Often** best describes your situation. Then using the scale below to see which is the right number for you, circle the appropriate number.

SCALE - **Very Rarely = 1**

Rarely = 2

Sometimes = 3

Often = 4

Very Often = 5

	Very Rarely			Very Often	
1). How often does your mother look after your baby?	1	2	3	4	5
2). How often does your mother give you advice on general childcare?	1	2	3	4	5
3). How often does your mother give you advice on feeding your baby?	1	2	3	4	5
4). How often does your mother give you advice about how to control your babys' crying?	1	2	3	4	5
5). How often does your mother give you advice on teaching your baby things?	1	2	3	4	5

Now I would like you to think back to before you had your baby. How did you expect your mother to behave with you once you had your baby?

	Very Rarely			Very Often	
6). How often did you expect your mother to look after your baby?	1	2	3	4	5
7). How often did you expect your mother to give you advice on general childcare?	1	2	3	4	5
8). How often did you expect your mother to give you advice on feeding your baby?	1	2	3	4	5
9). How often did you expect your mother to give you advice about how to control your babys' crying?	1	2	3	4	5
10). How often did you expect your mother to give you advice on teaching your baby things?	1	2	3	4	5

Now I would like you to consider how you would 'ideally' like your mother to behave.

	Very Rarely			Very Often	
11). How often would you like your mother to look after your baby?	1	2	3	4	5
12). How often would you like your mother to give you advice on general childcare?	1	2	3	4	5
13). How often would you like your mother to give you advice on feeding your baby?	1	2	3	4	5
14). How often would you like your mother to give you advice about how to control your babys' crying?	1	2	3	4	5
15). How often would you like your mother to give you advice on teaching your baby things?	1	2	3	4	5

How Supportive is Your Mother?

I would now like you to think about how supportive your mother is. Decide how much support your mother gives you, ranging from 1 = Very Little, to 5 = A Great Deal, (as show in the scale below), and circle the appropriate number.

	Very Little		An Average Amount		A Great Deal
	1	2	3	4	5
16). Generally how much support has your mother given you since the birth of your baby?	1	2	3	4	5
17). How much practical support, (eg. perhaps babysitting, or doing your shopping), has your mother given you since the birth of your baby?	1	2	3	4	5
18). How much emotional support, (eg providing a shoulder to cry on), has your mother given you since the birth of your baby?	1	2	3	4	5
19). How much financial support has your mother provided you with since the birth of your baby?	1	2	3	4	5

Now I would like you to think back to before you had your baby. How did you expect your mother to behave with you once you had your baby?

	Very Little		A Great Deal		
20). How much general support did you expect your mother to give you after the birth of your baby?	1	2	3	4	5
21). How much practical support did you expect your mother to give you after the birth of your baby?	1	2	3	4	5
22). How much emotional support did you expect your mother to give you after the birth of your baby?	1	2	3	4	5
23). How much financial support did you expect your mother to give you after the birth of your baby?	1	2	3	4	5

Now I would like you to consider how you would 'ideally' like your mother to behave.

	Very Little		A Great Deal		
24). How much general support would you have liked your mother to give you after the birth of your baby?	1	2	3	4	5
25). How much practical support would you have liked your mother to give you after the birth of your baby?	1	2	3	4	5
26). How much emotional support would you have liked your mother to give you after the birth of your baby?	1	2	3	4	5
27). How much financial support would you have liked your mother to give you after the birth of your baby?	1	2	3	4	5

Child Care Practices

This section of the questionnaire, asks you to think about your opinions on how children should be brought up.

Please can you read each statement carefully and decide how descriptive the statement is of you, i.e. how close to your own feelings the statement is. Then indicate how well the statement describes you by circling a number ranging from 1 (not like me), to 6 (like me).

Not at all descriptive of me 1 2 3 4 5 6 Highly descriptive of me

Children in general

(Not like me.....Like me)

- | | | | | | | | |
|-----|--|---|---|---|---|---|---|
| 1. | I don't think that children of different sexes should be allowed to see each other naked. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | I feel that a child should be given comfort and understanding when he / she is scared or upset. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | I believe that a child should be seen and not heard. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | I feel that a child should have time to daydream, think and even laze sometimes. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | I believe a child should be toilet trained as soon as possible. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | I believe in praising a child when he / she is good and think that it will get better results than punishing them when they are bad. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | I believe children should not have secrets from their parents. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | I think a child should be encouraged to do things better than others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. | I believe that scolding and criticism make a child improve. | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. | I believe that children should be aware of how much is sacrificed for them. | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. | I don't think that children should be given sexual information. | 1 | 2 | 3 | 4 | 5 | 6 |

Not at all descriptive of me 1 2 3 4 5 6 Highly descriptive of me

How do you behave with your child now?

(Not like me.....Like me)

- | | | | | | | | |
|----|---|---|---|---|---|---|---|
| 1. | I express my affection by hugging, kissing and holding my child. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | I find some of my greatest satisfactions in my child. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | I am easy going and relaxed with my child. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | My child and I have warm intimate moments together. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | I want my child to make a good impression on others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | I find it interesting and educational to be with my child for long periods of time. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | I don't want my child to be looked upon as different from others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | I would prefer my child not to try things if there is a chance he /she might fail. | 1 | 2 | 3 | 4 | 5 | 6 |

How I will behave with my child in a few years time

(Not Like me.....Like Me)

- | | | | | | | | |
|----|--|---|---|---|---|---|---|
| 1. | I will respect my child's opinion and encourage him / her to express it. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | I will try to keep my child away from children or families whose ideas or values are different from our own. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | I will control my child and warn him / her about the bad things that can happen. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | I will encourage my child to wonder and think about life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | I will try to take into account my child's preferences when making plans for the family. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | I will not allow my child to say bad things about his / her teacher. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | I will teach my child that in one way or another, punishment will find him / her when he / she is bad. | 1 | 2 | 3 | 4 | 5 | 6 |

Not at all descriptive of me 1 2 3 4 5 6 Highly descriptive of me

(Not like me.....Like Me)

- | | | | | | | | |
|-----|--|---|---|---|---|---|---|
| 8. | I will not allow my child to get angry with me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. | I will talk it over and reason with my child when he / she misbehaves. | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. | I will trust my child to behave as he / she should, even when I am not with them. | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. | I will joke and play with my child. | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. | I will encourage my child to be curious, to explore, and question things. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. | I will expect my child to be grateful and appreciate all advantages he / she has. | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. | I will make sure my child knows that I appreciate what he / she tries to accomplish. | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. | I will encourage my child to talk about his / her troubles. | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. | I will teach my child to keep control of his / her feelings at all times. | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. | I dread the time when I have to answer my child's questions about sex. | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. | When I am angry with my child, I will let him / her know about it. | 1 | 2 | 3 | 4 | 5 | 6 |
| 19. | I will not allow my child to question my decisions. | 1 | 2 | 3 | 4 | 5 | 6 |
| 20. | I will let my child know how ashamed and disappointed I am when he / she misbehaves. | 1 | 2 | 3 | 4 | 5 | 6 |
| 21. | I will instruct my child not to get dirty when he / she is playing. | 1 | 2 | 3 | 4 | 5 | 6 |

From Your Mothers' Point of View

Now I would like you to put yourself in your mother's shoes, imagine you are her. How would your mother respond to the following questions?

Not at all descriptive of me 1 2 3 4 5 6 Highly descriptive of me

Children in general

(Not like me.....Like Me)

- | | | | | | | | |
|-----|--|---|---|---|---|---|---|
| 1. | I don't think that children of different sexes should be allowed to see each other naked. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | I feel that a child should be given comfort and understanding when he / she is scared or upset. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | I believe that a child should be seen and not heard. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | I feel that a child should have time to daydream, think and even laze sometimes. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | I believe a child should be toilet trained as soon as possible. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | I believe in praising a child when he / she is good and think that it will get better results than punishing them when they are bad. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | I don't believe children should have secrets from their parents | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | I think a child should be encouraged to do things better than others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. | I believe that scolding and criticism make a child improve. | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. | I believe that children should be aware of how much is sacrificed for them. | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. | I don't think that children should be given sexual information. | 1 | 2 | 3 | 4 | 5 | 6 |

How do you behave with your grandchild now?

(Not like me.....Like Me)

- | | | | | | | | |
|----|---|---|---|---|---|---|---|
| 1. | I express my affection by hugging, kissing and holding my grandchild. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | I find some of my greatest satisfactions in my grandchild. | 1 | 2 | 3 | 4 | 5 | 6 |

Not at all descriptive of me 1 2 3 4 5 6 Highly descriptive of me

(Not like me.....Like Me)

- | | | | | | | | |
|----|--|---|---|---|---|---|---|
| 3. | I am easy going and relaxed with my grandchild. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | My grandchild and I have warm intimate moments together. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | I want my grandchild to make a good impression on others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | I find it interesting and educational to be with my grandchild for long periods of time. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | I don't want my grandchild to be looked upon as different from others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | I would prefer my grandchild not to try things if there is a chance he /she might fail. | 1 | 2 | 3 | 4 | 5 | 6 |

How I will behave with my grandchild in a few years time?

(Not like me.....Like me)

- | | | | | | | | |
|----|---|---|---|---|---|---|---|
| 1. | I will respect my grandchild's opinion and encourage him / her to express it. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | I will try to keep my grandchild away from children or families whose ideas or values are different from our own. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | I will control my grandchild, warning him / her about the bad things that can happen to them. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | I will encourage my grandchild to wonder and think about life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | I will try to take into account my grandchild's preferences when making plans for the family. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | I will not allow my grandchild to say bad things about his / her teacher. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | I will teach my grandchild that in one way or another, punishment will find him / her when he / she is bad. | 1 | 2 | 3 | 4 | 5 | 6 |

Not at all descriptive of me 1 2 3 4 5 6 Highly descriptive of me

(Not like me.....Like me)

- | | | | | | | | |
|-----|---|---|---|---|---|---|---|
| 8. | I will not allow my grandchild to get angry with me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. | I will talk it over and reason with my grandchild when he / she misbehaves. | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. | I will trust my grandchild to behave as he / she should, even when I am not with them. | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. | I will joke and play with my grandchild. | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. | I will encourage my grandchild to be curious, to explore, and question things. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. | I will expect my grandchild to be grateful and appreciate all advantages he / she has. | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. | I will make sure my grandchild knows that I appreciate what he / she tries to accomplish. | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. | I will encourage my grandchild to talk about his / her troubles. | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. | I will teach my grandchild to keep control of his / her feelings at all times. | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. | I dread having to answer my grandchild's questions about sex. | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. | When I am angry with my grandchild, I will let him / her know about it. | 1 | 2 | 3 | 4 | 5 | 6 |
| 19. | I will not allow my grandchild to question my decisions. | 1 | 2 | 3 | 4 | 5 | 6 |
| 20. | I will let my grandchild know how ashamed and disappointed I am when he / she misbehaves. | 1 | 2 | 3 | 4 | 5 | 6 |
| 21. | I will instruct my grandchild not to get dirty when he / she is playing. | 1 | 2 | 3 | 4 | 5 | 6 |

The following set of questions ask you to think about your relationship with your mother. Most importantly whether or not you have different opinions on certain issues, and whether these differences result in you fighting and arguing, or whether you are able to 'agree to disagree'!

Please read the following statements and using the scale, circle the number which best describes the relationship between you and your mother.

Very Rarely Rarely Sometimes Often Very Often
1 2 3 4 5

- | | | | | | |
|---|-----------|---|------|---|------|
| 1). My mother and I have different opinions on how to control my babys' crying. | 1 | 2 | 3 | 4 | 5 |
| 2). My mother and I argue / fight over how to control my babys' crying. | 1 | 2 | 3 | 4 | 5 |
| 3). My mother and I have different opinions on how much freedom children should be allowed. | 1 | 2 | 3 | 4 | 5 |
| 4). My mother and I argue / fight over how much freedom children should be allowed. | 1 | 2 | 3 | 4 | 5 |
| 5). My mother and I have different opinions on feeding my baby. | 1 | 2 | 3 | 4 | 5 |
| 6). My mother and I argue / fight about how my baby should be fed. | 1 | 2 | 3 | 4 | 5 |
| 7). My mother and I have different opinions on teaching my baby things. | 1 | 2 | 3 | 4 | 5 |
| 8). My mother and I argue / fight about teaching my baby things. | 1 | 2 | 3 | 4 | 5 |
| 9). My mother and I have different opinions on childcare issues generally. | 1 | 2 | 3 | 4 | 5 |
| 10). My mother and I argue / fight over childcare issues generally. | 1 | 2 | 3 | 4 | 5 |
| 11). My mother and I have different opinions on other issues generally. | 1 | 2 | 3 | 4 | 5 |
| 12). My mother and I argue / fight over other issues generally. | 1 | 2 | 3 | 4 | 5 |
| 13) How would you describe your relationship with your mother? | 1 | 2 | 3 | 4 | 5 |
| | Excellent | | Fair | | Poor |

How you Feel About Being a Mother

This section of the questionnaire asks you to consider how you feel about being a mother. Please read each statement and decide how strongly you agree / disagree with it. Then circle the number which best describes how you feel.

	Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree					
	1	2	3	4	5					
1).										
Taking care of a child is easy once you understand how your actions affect your child; I have acquired this understanding.	1	2	3	4	5					
2).										
Even though being a parent can be rewarding, I am frustrated now while X is at their present age.	1	2	3	4	5					
3).										
I go to bed feeling the same way every night: feeling that I have not accomplished very much.	1	2	3	4	5					
4).										
I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.	1	2	3	4	5					
5).										
My mother was better prepared for bringing up children well than I am.	1	2	3	4	5					
6).										
I would make a good role model for new mothers who needed to learn what it takes to be a good parent.	1	2	3	4	5					
7).										
Being a parent is manageable, and any problems are easily solved.	1	2	3	4	5					
8).										
A big problem with being a parent is not knowing whether you're doing a good job or a bad one.	1	2	3	4	5					
9).										
Sometimes I feel like I'm not getting anything done.	1	2	3	4	5					
10).										
I think I do a good job as a mother.	1	2	3	4	5					

	Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
	1	2	3	4	5
11). I am the person who is best able to help identify a solution to my child's problems.	1	2	3	4	5
12). My talents and interests are in other area's, not in being a parent.	1	2	3	4	5
13). Considering how long I've been a mother. I feel thoroughly familiar with this role.	1	2	3	4	5
14). If only being a mother was more interesting; then I would be motivated to do a better job as a parent.	1	2	3	4	5
15). I honestly believe I have all the necessary skills to be a good mother to my child.	1	2	3	4	5
16). Being a parent makes me tense and anxious.	1	2	3	4	5

Please read each item and underline the reply which comes closest to the way you have been feeling in the past week.

Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.

I feel tense or 'wound up':

Most of the time
A lot of the time
From time to time, occasionally
Not at all

I still enjoy the things I used to enjoy:

Definitely as much
Not quite so much
Only a little
Hardly at all

I get a sort of frightened feeling as if something awful is about to happen:

Very definitely and quite badly
Yes, but not too badly
A little, but it doesn't worry me
Not at all

I can laugh and see the funny side of things:

As much as I always could
Not quite so much now
Definitely not so much now
Not at all

Worrying thoughts go through my mind:

A great deal of the time
A lot of the time
From time to time but not too often
Only occasionally

I feel cheerful:

Not at all
Not often
Sometimes
Most of the time

I can sit at ease and feel relaxed:

Definitely
Usually
Not often
Not at all

I feel as if I am slowed down:

Nearly all the time
Very often
Sometimes
Not at all

I get a sort of frightened feeling like 'butterflies' in the stomach:

Not at all
Occasionally
Quite often
Very often

I have lost interest in my appearance:

Definitely
I don't take as much care as I should
I may not take quite as much care
I take just as much care as ever

I feel restless as if I have to be on the move:

Very much indeed
Quite a lot
Not very much
Not at all

I look forward with enjoyment to things:

As much as ever I did
Rather less than I used to
Definitely less than I used to
Hardly at all

I get sudden feelings of panic:

Very often indeed
Quite often
Not very often
Not at all

I can enjoy a good book or radio or TV programme:

Often
Sometimes
Not often
Very Seldom

Now check that you have answered all the questions

Support Network

Try to think of four people you would go to if you needed support or help during a stressful time in your life. Then list their names and how they are related to you. Your mother may or may not be included as one of these people.

For example. *Mary White - Sister or, John Walker - Work Colleague.*

Support Person 1).

Support Person 2).

Support Person 3).

Support Person 4).

Helping Behaviours

Support from people during stressful events can be broken down into five categories of helping behaviour.

- a). **Emotional Support** - someone listening to your private thoughts and feelings regarding a stressful event and / or giving you physical affection.
- b). **Material Aid Support** - someone lending you money or the use of some valuable object like a car or an appliance during a stressful time.
- c). **Advice and Information** - someone suggesting what to do or where to get needed information during a stressful time.
- d). **Physical Assistance** - someone helping with jobs around the house, errands, or favours you might need during a stressful time.
- e). **Social Participation** - someone offering you the opportunity to engage in pleasant social activities during a stressful time.

On the following pages are questions about the Support People whose names you listed. On the following page please write down the name of the first Support Person on your list, and answer all the questions about them. Then repeat this on the next three pages for each of the Support People in your list.

Name of Support Person 2. _____

Rate the extent to which you agree with the following statements by circling the appropriate numbers, as indicated by the scale below.

almost never		sometimes		about half the time		usually		almost always
1	2	3	4	5	6	7		

1). I seek this person out for support or help. 1 2 3 4 5 6 7

2). This person provides me with support or help when I ask. 1 2 3 4 5 6 7

3). I am satisfied with this person's support or help. 1 2 3 4 5 6 7

Place a cross next to the categories of support you might expect to receive from this person during times of stress:

_____ a). Emotional Support

_____ d). Physical Assistance

_____ b). Material Aid

_____ e). Social Participation

_____ c). Advice and Information

4). This person receives support from me during times stress for him / her. 1 2 3 4 5 6 7

5). Generally speaking, I have serious conflicts with this person. 1 2 3 4 5 6 7

Name of Support Person 3. _____

Rate the extent to which you agree with the following statements by circling the appropriate numbers, as indicated by the scale below.

almost never		sometimes		about half the time		usually		almost always
1	2	3	4	5	6	7		

- 1). I seek this person out for support or help. 1 2 3 4 5 6 7
- 2). This person provides me with support or help when I ask. 1 2 3 4 5 6 7
- 3). I am satisfied with this person's support or help. 1 2 3 4 5 6 7

Place a cross next to the categories of support you might expect to receive from this person during times of stress:

- _____ a). Emotional Support _____ d). Physical Assistance
- _____ b). Material Aid _____ e). Social Participation
- _____ c). Advice and Information

- 4). This person receives support from me during times stress for him / her. 1 2 3 4 5 6 7
- 5). Generally speaking, I have serious conflicts with this person. 1 2 3 4 5 6 7

Name of Support Person 4. _____

Rate the extent to which you agree with the following statements by circling the appropriate numbers, as indicated by the scale below.

almost never		sometimes		about half the time		usually		almost always
1	2	3	4	5	6	7		

1). I seek this person out for support or help. 1 2 3 4 5 6 7

2). This person provides me with support or help when I ask. 1 2 3 4 5 6 7

3). I am satisfied with this person's support or help. 1 2 3 4 5 6 7

Place a cross next to the categories of support you might expect to receive from this person during times of stress:

_____ a). Emotional Support

_____ d). Physical Assistance

_____ b). Material Aid

_____ e). Social Participation

_____ c). Advice and Information

4). This person receives support from me during times stress for him / her. 1 2 3 4 5 6 7

5). Generally speaking, I have serious conflicts with this person. 1 2 3 4 5 6 7

APPENDIX 2 The Grandmothers' Questionnaire Instrument.

NAME:

ADDRESS:

DAUGHTER'S NAME:

DAUGHTER'S ADDRESS:

This sheet will be stored separately from your questionnaire responses. This information is only necessary in case we need to contact you again. Your questionnaire responses will remain entirely anonymous.

Please complete the following questions as accurately and honestly as possible.
Where appropriate, please circle the category that best describes your situation.
If the category is not applicable, mark with N/A.

The questions about your grandchild, refer only to the infant of your daughter
who is also completing this set of questionnaires.

Age:

Age of your Grandchild:

Marital status: **Single**

Living with partner

Married (1st time)

Divorced (single)

Divorced living with partner

Re-married

Do you care for your grandchild full time?:

Are you responsible for caring for anyone else? If so please specify the situation.

How many grandchildren do you have?

Are you retired:

or

Working:

Part time

Full time

Job title:

Job title of partner:

Religion:

Please State:

None

Please list the people living in your household:

How many bedrooms are there in your house?

How far do you live from your daughter?

What mode of transport do you use to visit your daughter:

On average how many times in a month have you seen your daughter since the birth of
your grandchild?

On average how often do you speak with your daughter?

In What Ways are You Involved in the Care of Your Grandchild?

I would now like you to answer some questions about the kind of care you provide for your daughter and her infant. Please read the following statements, and decide which of the categories ranging from **Very Rarely** to **Very Often** best describes your situation. Then using the scale below to see which is the right number for you, circle the appropriate number.

SCALE - Very Rarely = 1

Rarely = 2

Sometimes = 3

Often = 4

Very Often = 5

- | | Very Rarely | | | Very Often | |
|--|-------------|---|---|------------|---|
| | 1 | 2 | 3 | 4 | 5 |
| 1). How often do you look after your grandchild? | 1 | 2 | 3 | 4 | 5 |
| 2). How often do you give your daughter advice on general childcare? | 1 | 2 | 3 | 4 | 5 |
| 3). How often do you give your daughter advice about feeding her baby? | 1 | 2 | 3 | 4 | 5 |
| 4). How often do you give your daughter advice about how to control her babys' crying? | 1 | 2 | 3 | 4 | 5 |
| 5). How often do you give your daughter advice on teaching her baby things? | 1 | 2 | 3 | 4 | 5 |

**Now I would like you to think back to before your daughter had her baby.
How do you think she expected you to behave?**

- | | Very Rarely | | | Very Often | |
|--|-------------|---|---|------------|---|
| | 1 | 2 | 3 | 4 | 5 |
| 6). How often do you think your daughter expected you to look after your grandchild? | 1 | 2 | 3 | 4 | 5 |
| 7). How often do you think your daughter expected you to give her advice on general childcare? | 1 | 2 | 3 | 4 | 5 |
| 8). How often do you think your daughter expected you to give her advice on feeding her baby? | 1 | 2 | 3 | 4 | 5 |
| 9). How often do you think your daughter expected you to give her advice about how to control her babys' crying? | 1 | 2 | 3 | 4 | 5 |
| 10). How often do you think your daughter expected you to give her advice on teaching her baby things? | 1 | 2 | 3 | 4 | 5 |

Now I would like you to consider how you think your daughter would 'ideally' like you to behave.

	Very Rarely			Very Often	
11). How often do you think your daughter would like you to look after her baby?	1	2	3	4	5
12). How often do you think your daughter would like you to advise her on general childcare?	1	2	3	4	5
13). How often do you think your daughter would like you to advise her on feeding her baby?	1	2	3	4	5
14). How often do you think your daughter would like you to give her advice about how to control her babys' crying?	1	2	3	4	5
15). How often do you think your daughter would like you to give her advice on teaching her infant things?	1	2	3	4	5

How Supportive are You of Your Daughter?

I would now like you to think about how supportive you are of your daughter. Decide how much support you give your daughter, ranging from 1 = Very Little, to 5 = A Great Deal, (as shown in the scale below), and circle the appropriate number.

	Very Little		An Average Amount		A Great Deal
	1	2	3	4	5
16). How much support have you given your daughter since the birth of her baby?	1	2	3	4	5
17). How much practical support, (eg. perhaps babysitting, or doing her shopping), have you given your daughter since the birth of her baby?	1	2	3	4	5
18). How much emotional support, (eg. perhaps providing a shoulder to cry on), have you given your daughter since the birth of her baby?	1	2	3	4	5
19). How much financial support have you given your daughter since the birth of her baby?	1	2	3	4	5

Now I would like you to think back to before your daughter had her baby. How do you think think your daughter expected you to behave with her once she had her baby?

- | | Very Little | | A Great Deal | | |
|--|-------------|---|--------------|---|---|
| 20). How much general support do you think your daughter expected you to give her after the birth of her baby? | 1 | 2 | 3 | 4 | 5 |
| 21). How much practical support do you think your daughter expected you to give her after the birth of her baby? | 1 | 2 | 3 | 4 | 5 |
| 22). How much emotional support do you think your daughter expected you to give her after the birth of her baby? | 1 | 2 | 3 | 4 | 5 |
| 23). How much financial support do you think your daughter expected you to give her after the birth of her baby? | 1 | 2 | 3 | 4 | 5 |

Now I would like you to consider how you think your daughter would 'ideally' like you to behave.

- | | Very Little | | A Great Deal | | |
|--|-------------|---|--------------|---|---|
| 24). How much support do you think your daughter would have liked you to give her after the birth of her baby? | 1 | 2 | 3 | 4 | 5 |
| 25). How much practical support do you think your daughter would have liked you to give her after the birth of her baby? | 1 | 2 | 3 | 4 | 5 |
| 26). How much emotional support do you think your daughter would have liked you to give her after the birth of her baby? | 1 | 2 | 3 | 4 | 5 |
| 27). How much financial support do you think your daughter would have liked you to give her after the birth of her baby? | 1 | 2 | 3 | 4 | 5 |

Child Care Practices

This section of the questionnaire, asks you to think about your opinions on how children should be brought up.

Please can you read each statement carefully and decide how descriptive the statement is of you, i.e. how close to your own feelings the statement is. Then indicate how well the statement describes you by circling a number ranging from 1 (not like me) to 6 (like me).

Not at all descriptive of me 1 2 3 4 5 6 Highly descriptive of me

Children in general

(Not like me.....Like me)

- | | | | | | | | |
|-----|--|---|---|---|---|---|---|
| 1. | I don't think that children of different sexes should be allowed to see each other naked. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | I feel that a child should be given comfort and understanding when he / she is scared or upset. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | I believe that a child should be seen and not heard. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | I feel that a child should have time to daydream, think and even laze sometimes. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | I believe in toilet training a child as soon as possible. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | I believe in praising a child when he / she is good and think that it will get better results than punishing them when they are bad. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | I don't believe children should have secrets from their parents. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | I think a child should be encouraged to do things better than others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. | I believe that scolding and criticism make a child improve. | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. | I believe that children should be aware of how much is sacrificed for them. | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. | I don't think that children should be given sexual information. | 1 | 2 | 3 | 4 | 5 | 6 |

Not at all descriptive of me 1 2 3 4 5 6 Highly descriptive of me

How do you behave with your grandchild now? (Not like me.....Like me)

- | | | | | | | | |
|----|--|---|---|---|---|---|---|
| 1. | I express my affection by hugging, kissing and holding my grandchild. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | I find some of my greatest satisfactions in my grandchild. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | I am easy going and relaxed with my grandchild. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | My grandchild and I have warm intimate moments together. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | I want my grandchild to make a good impression on others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | I find it interesting and educational to be with my grandchild for long periods of time. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | I don't want my grandchild to be looked upon as different from others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | I would prefer my grandchild not to try things if there is a chance he /she might fail. | 1 | 2 | 3 | 4 | 5 | 6 |

How I will behave with my grandchild in a few years time?

(Not like me.....Like me)

- | | | | | | | | |
|----|---|---|---|---|---|---|---|
| 1. | I will respect my grandchild's opinion and encourage him / her to express it. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | I will try to keep my grandchild away from children or families whose ideas or values are different from our own. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | I will control my grandchild and warn him / her about the bad things that can happen. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | I will encourage my grandchild to wonder and think about life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | I will try to take into account my grandchild's preferences when making plans for the family. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | I will not allow my grandchild to say bad things about his / her teacher. | 1 | 2 | 3 | 4 | 5 | 6 |

Not at all descriptive of me 1 2 3 4 5 6 Highly descriptive of me

(Not like me.....Like me)

- | | | | | | | | |
|-----|---|---|---|---|---|---|---|
| 7. | I will teach my grandchild that in one way or another, punishment will find him / her when he / she is bad. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | I will not allow my grandchild to get angry with me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. | I will talk it over and reason with my grandchild when he / she misbehaves. | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. | I will trust my grandchild to behave as he / she should, even when I am not with them. | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. | I will joke and play with my grandchild. | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. | I will encourage my grandchild to be curious, to explore, and question things. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. | I will expect my grandchild to be grateful and appreciate all advantages he / she has. | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. | I will make sure my grandchild knows that I appreciate what he / she tries to accomplish. | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. | I will encourage my grandchild to talk about his / her troubles. | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. | I will teach my grandchild to keep control of his / her feelings at all times. | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. | I dread having to answer my grandchild's questions about sex. | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. | When I am angry with my grandchild, I will let him / her know about it. | 1 | 2 | 3 | 4 | 5 | 6 |
| 19. | I will not allow my grandchild to question my decisions. | 1 | 2 | 3 | 4 | 5 | 6 |
| 20. | I will let my grandchild know how ashamed and disappointed I am when he / she misbehaves. | 1 | 2 | 3 | 4 | 5 | 6 |
| 21. | I will instruct my grandchild not to get dirty when he / she is playing. | 1 | 2 | 3 | 4 | 5 | 6 |

From Your Daughter's Point of View

Now I would like you to put yourself in your daughter's shoes, imagine you are her. How would your daughter respond to the following questions?

<u>Children in general</u>	(Not like me.....Like me)					
1. I don't think that children of different sexes should be allowed to see each other naked.	1	2	3	4	5	6
2. I feel that a child should be given comfort and understanding when he / she is scared or upset.	1	2	3	4	5	6
3. I believe that a child should be seen and not heard.	1	2	3	4	5	6
4. I feel that a child should have time to daydream, think and even laze sometimes.	1	2	3	4	5	6
5. I believe a child should be toilet trained as soon as possible.	1	2	3	4	5	6
6. I believe in praising a child when he / she is good and think that it will get better results than punishing them when they are bad.	1	2	3	4	5	6
7. I believe children should not have secrets from their parents.	1	2	3	4	5	6
8. I think a child should be encouraged to do things better than others.	1	2	3	4	5	6
9. I believe that scolding and criticism make a child improve.	1	2	3	4	5	6
10. I believe that children should be aware of how much is sacrificed for them.	1	2	3	4	5	6
11. I don't think that children should be given sexual information.	1	2	3	4	5	6

<u>How do you behave with your child now?</u>	(Not like me.....Like me)					
1. I express my affection by hugging, kissing and holding my child.	1	2	3	4	5	6
2. I find some of my greatest satisfactions in my child.	1	2	3	4	5	6
3. I am easy going and relaxed with my child.	1	2	3	4	5	6

Not at all descriptive of me 1 2 3 4 5 6 Highly descriptive of me

(Not like me.....Like Me)

- | | | | | | | | |
|----|---|---|---|---|---|---|---|
| 4. | My child and I have warm intimate moments together. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | I want my child to make a good impression on others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | I find it interesting and educational to be with my child for long periods of time. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | I don't want my child to be looked upon as different from others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | I would prefer my child not to try things if there is a chance he /she might fail. | 1 | 2 | 3 | 4 | 5 | 6 |

How I will behave with my child in a few years time?

(Not like me.....Like me)

- | | | | | | | | |
|----|--|---|---|---|---|---|---|
| 1. | I will respect my child's opinion and encourage him / her to express it. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | I will try to keep my child away from children or families whose ideas or values are different from our own. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | I will control my child and warn him / her about the bad things that can happen. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | I will encourage my child to wonder and think about life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | I will try to take into account my child's preferences when making plans for the family. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | I will not allow my child to say bad things about his / her teacher. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | I will teach my child that in one way or another, punishment will find him /her when he /she is bad. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | I will not allow my child to get angry with me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. | I will talk it over and reason with my child when he / she misbehaves. | 1 | 2 | 3 | 4 | 5 | 6 |

Not at all descriptive of me 1 2 3 4 5 6 Highly descriptive of me

(Not like me.....Like me)

- | | | | | | | | |
|-----|--|---|---|---|---|---|---|
| 10. | I will trust my child to behave as he / she should, even when I am not with them. | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. | I will joke and play with my child. | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. | I will encourage my child to be curious, to explore, and question things. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. | I will expect my child to be grateful and appreciate all advantages he / she has. | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. | I will make sure my child knows that I appreciate what he / she tries to accomplish. | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. | I will encourage my child to talk about his / her troubles. | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. | I will teach my child to keep control of his / her feelings at all times. | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. | I dread the time when I have to answer my child's questions about sex. | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. | When I am angry with my child, I will let him / her know about it. | 1 | 2 | 3 | 4 | 5 | 6 |
| 19. | I will not allow my child to question my decisions. | 1 | 2 | 3 | 4 | 5 | 6 |
| 20. | I will let my child know how ashamed and disappointed I am when he / she misbehaves. | 1 | 2 | 3 | 4 | 5 | 6 |
| 21. | I will instruct my child not to get dirty when he / she is playing. | 1 | 2 | 3 | 4 | 5 | 6 |

The following set of questions ask you to think about your relationship with your daughter. Most importantly whether or not you have different opinions on certain issues, and whether these differences result in you fighting and arguing, or whether you are able to 'agree to disagree'

Please read the following statements and using the scale, circle the number which best describes the relationship between you and your mother.

Very Rarely Rarely Sometimes Often Very Often
 1 2 3 4 5

- | | | | | | |
|---|-----------|---|------|---|------|
| 1). My daughter and I have different opinions on how to control my grandchild's crying. | 1 | 2 | 3 | 4 | 5 |
| 2). My daughter and I argue / fight over how to control my grandchild's crying. | 1 | 2 | 3 | 4 | 5 |
| 3). My daughter and I have different opinions on how much freedom children should be allowed. | 1 | 2 | 3 | 4 | 5 |
| 4). My daughter and I argue / fight over how much freedom children should be allowed. | 1 | 2 | 3 | 4 | 5 |
| 5). My daughter and I have different opinions on feeding my grandchild. | 1 | 2 | 3 | 4 | 5 |
| 6). My daughter and I argue / fight about how my grandchild should be fed. | 1 | 2 | 3 | 4 | 5 |
| 7). My daughter and I have different opinions on teaching my grandchild. | 1 | 2 | 3 | 4 | 5 |
| 8). My daughter and I argue / fight about the teaching of my grandchild. | 1 | 2 | 3 | 4 | 5 |
| 9). My daughter and I have different opinions on childcare issues generally. | 1 | 2 | 3 | 4 | 5 |
| 10). My daughter and I argue / fight over childcare issues generally. | 1 | 2 | 3 | 4 | 5 |
| 11). My daughter and I have different opinions on other issues generally. | 1 | 2 | 3 | 4 | 5 |
| 12). My daughter and I argue / fight over other issues generally. | 1 | 2 | 3 | 4 | 5 |
| 13) How would you describe your relationship with your daughter? | 1 | 2 | 3 | 4 | 5 |
| | Excellent | | Fair | | Poor |

Please read each item and underline the reply which comes closest to the way you have been feeling in the past week.

Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.

I feel tense or 'wound up':

Most of the time
A lot of the time
From time to time, occasionally
Not at all

I still enjoy the things I used to enjoy:

Definitely as much
Not quite so much
Only a little
Hardly at all

I get a sort of frightened feeling as if something awful is about to happen:

Very definitely and quite badly
Yes, but not too badly
A little, but it doesn't worry me
Not at all

I can laugh and see the funny side of things:

As much as I always could
Not quite so much now
Definitely not so much now
Not at all

Worrying thoughts go through my mind:

A great deal of the time
A lot of the time
From time to time but not too often
Only occasionally

I feel cheerful:

Not at all
Not often
Sometimes
Most of the time

I can sit at ease and feel relaxed:

Definitely
Usually
Not often
Not at all

I feel as if I am slowed down:

Nearly all the time
Very often
Sometimes
Not at all

I get a sort of frightened feeling like 'butterflies' in the stomach:

Not at all
Occasionally
Quite often
Very often

I have lost interest in my appearance:

Definitely
I don't take as much care as I should
I may not take quite as much care
I take just as much care as ever

I feel restless as if I have to be on the move:

Very much indeed
Quite a lot
Not very much
Not at all

I look forward with enjoyment to things:

As much as ever I did
Rather less than I used to
Definitely less than I used to
Hardly at all

I get sudden feelings of panic:

Very often indeed
Quite often
Not very often
Not at all

I can enjoy a good book or radio or TV programme:

Often
Sometimes
Not often
Very Seldom

Now check that you have answered all the questions

General Information Sheet1 - Non-participants

Age:

Martial Status: Single
 Divorced (single)
 Living with Partner
 Married first time
 Divorced living with Partner
 Re-married

Occupation:

Occupation of Partner:

Religion: Non-Religious
 Christian
 Other

Health Visitors name and contact number.

(Please ring the word which best describes the situation between you and your mother).

My mother and I..Never Rarely Sometimes Often Always disagree over my babies feeding.

My mother and I..Never Rarely Sometimes Often Always disagree over my babies sleeping.

My mother and I..Never Rarely Sometimes Often Always disagree over my babies toilet training.

My mother and I..Never Rarely Sometimes Often Always disagree over my babies crying

My mother and I..Never Rarely Sometimes Often Always disagree over my ways of controlling my babies behaviour 'telling off'.

My mother and I..Never Rarely Sometimes Often Always disagree over my ways babies playing.

My mother and I..Never Rarely Sometimes Often Always disagree over my ways babies clothing.

My mother and I..Never Rarely Sometimes Often Always disagree over my ways babies environment.

My mother and I..Never Rarely Sometimes Often Always disagree over my ways babies teaching.

If not listed above please give other reasons which you and your mother disagree about in relation to the upbringing of your baby

.....

My mother and I..Never Rarely Sometimes Often Always argue/fight over my babies feeding

My mother and I..Never Rarely Sometimes Often Always argue/fight over my babies sleeping.

My mother and I..Never Rarely Sometimes Often Always argue/fight over my babies toilet training.

My mother and I..Never Rarely Sometimes Often Always argue/fight over my babies crying

My mother and I..Never Rarely Sometimes Often Always argue/fight over my ways of controlling my babies behaviour 'telling off'.

.....
.....

My mother **Never** **Rarely** **Sometimes** **Often** **Always** is supportive towards
me emotionally

My mother **Never** **Rarely** **Sometimes** **Often** **Always** is supportive towards
me financially.

My mother **Never** **Rarely** **Sometimes** **Often** **Always** is supportive towards
me practically.

If not listed above please give examples of other ways your mother is supportive toward
you in relation to your baby:

.....
.....
.....
.....
.....

APPENDIX 5 The Introductory Letter to Mothers and Grandmothers

Dear Madam

Thankyou for your time. We are researchers at the University of Southampton looking at mother-daughter relationships after the birth of an infant. This involves asking many pairs of mothers and daughters to complete questionnaires on issues such as childcare beliefs, and the type of relationship you feel you have with your daughter.

I am interested in all types of relationships and attitudes. Even if you feel you have a poor relationship with your daughter, perhaps because you are not particularly close, I am still very interested in your opinions.

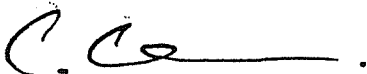
I would appreciate it if you and your daughter would fill in the questionnaires independently, and avoid discussing them until they are posted. If you then wish to discuss your responses it is up to you. However I will ensure that any information you give is kept private and anonymous. You are of course under no obligation to complete these questionnaires. If at any time (even after you have returned the questionnaires) you wish to withdraw from the study you are free to do so.

Some of the sections in the questionnaire ask you to put yourself in your daughter's shoes when responding. In these cases I am interested in how you think your daughter would respond to the questions if she was asked to answer them. I would appreciate it if you could avoid comparing the responses you yourself have given to the equivalent questions, and concentrate on how your daughter would respond.

In order to assess whether or not these questionnaires are providing reliable answers to the questions we wish to address, we require some of the questionnaires to be completed twice. It would therefore be most helpful if you could complete the second questionnaire after one week. I have provided an addressed Freepost envelope (which does not require a stamp), for you to return your questionnaires in once they are completed.

I realise that completing the questions requires you to give up your time. If you have any questions, or are interested in the results of my research, I will be happy to provide you with information.

Thankyou again for your time



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