

# Reasons Young Adults Visit (and Do Not Visit) Impaired Grandparents\*

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## RÉSUMÉ

La présente étude porte sur la valeur que les étudiants de premier cycle ( $N=138$ ) attribuent aux visites des grands-parents déficients et examine certaines des raisons pour lesquelles ils visitent (et ne visitent pas) leurs grands-parents qui vivent dans des conditions limitant leur bien-être cognitif, physique, ou psychologique. Dans le cadre d'une étude plus vaste, les participants ont rempli deux listes de vérification afin d'indiquer les raisons pour lesquelles ils visitaient ou ne visitaient pas leurs grands-parents diminués. Des raisons basées sur les récompenses ont été indiquées plus souvent que des raisons basées sur des contraintes externes, des problèmes familiaux, un sentiment de culpabilité, ou le fait de vouloir profiter du temps qui leur restait avec leurs grands-parents. Les barrières limitant les possibilités de visite ont été citées plus fréquemment pour expliquer pourquoi les participants n'allaient pas rendre visite à leurs grands-parents plutôt que des problèmes associés à la relation même, au sentiment de culpabilité, ou à l'importance de la déficience.

## ABSTRACT

This study explored the value undergraduate students ( $N=138$ ) attach to relationships with impaired grandparents by examining some of the reasons they visit (and do not visit) grandparents who live with conditions limiting their cognitive, physical, or psychological well-being. As part of a larger study, participants completed two checklists to indicate their reasons for visiting and not visiting their affected grandparents. Reward-based reasons were endorsed more frequently as motives for visiting than were reasons based on external constraints, family difficulties, guilt, or wanting to take advantage of the time left with their grandparents. Barriers that restricted opportunities to visit were endorsed more frequently as explanations for participants' failure to visit than were problems in the relationship itself, guilt, or severity of impairment.

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## Introduction

Theorists have argued that, at least within Western societies, tradition and social expectations have lost much of their capacity to dictate the contours of family relationships such as those between

grandparent and grandchild (Allan, 2001; Giddens, 1992, 1994; Kemp, 2004, 2005). More so today than in the past, then, individuals' actions within these relationships may reveal important information concerning their personal preferences and desires.

This may be particularly true for older grandchildren. In contrast to their experiences in early life (Baranowski, 1982; Matthews & Sprey, 1985; Robertson, 1975), with entry into adulthood and increased independence from their parents, grandchildren typically acquire the freedom to identify the boundaries and borders of their relationships with their grandparents (Sprey & Matthews, 1982). Accordingly, an exploration of young adults' reasons for visiting or not visiting their grandparents may considerably enhance our understanding of the value and meaning young adults attach to relationships with their elders.

Of course, motivations that prompt visits between grandchild and grandparent may reflect changes occurring in the grandparent's life, as well. Our focus on relationships with grandparents in declining or diminished health extends the value of this research by enabling an investigation of the extent to which concerns about the grandparent's health and well-being emerge as important bases for young adults' decisions to visit or not.

Questions regarding the motives and concerns that lie behind these decisions have received little research attention to date. Beyond what can be inferred from Kemp's (2004, 2005) examination of young adults' conceptualizations of their relationships with their grandparents and Kennedy's (1989) exploration of reasons young adults keep in touch with their grandparents, we know virtually nothing about why young adults visit—or do not visit—their grandparents. The present study sought to redress this gap in the literature by examining the extent to which young adults endorsed eight broad classes of reasons for visiting and not visiting their grandparents. As part of a larger study of young adults' relationships with grandparents who live with conditions limiting their cognitive, physical, or psychological well-being, undergraduates completed two brief checklists describing reasons for visiting or not visiting grandparents. To avoid confining participants to any particular viewpoint regarding the behaviours/activities that might constitute a *visit*, we left participants free to define the term for themselves.

#### Reasons for Visiting

The literature suggests that many young adults experience meaningful and personally rewarding connections with their grandparents (Brussoni & Boon, 1998; Hartshorne & Manaster, 1982; Hodgson, 1992; Kennedy, 1990; Sanders & Trygstad, 1993). We thus constructed several reasons for visiting based on *rewards* young adults might associate with face-to-face contact with their grandparents (e.g., enjoyment,

social support, financial/material rewards; see Kemp, 2004, 2005; Kennedy, 1989). Moreover, because previous research shows that young adults believe an important part of their role as grandchildren is to "give back" to their grandparents (Kemp, 2004, 2005; Kennedy, 1989) and they often enjoy doing so (Dellmann-Jenkins, Blankemeyer, & Pinkard, 2000; Kemp, 2004), we also examined benefits (social support, financial/material rewards) participants might believe their grandparents receive from their visits.

In addition, though social prescriptions that once shaped relations between grandchildren and their elders may have diminished in the recent past, research clearly indicates that obligation and guilt continue to serve as significant motivators in grandparent–grandchild ties (Kemp, 2004, 2005; Kennedy, 1989). We thus investigated reasons for visiting based on *perceived constraints or expectations*, such as perceived obligation, family pressure, or anticipated guilt.

We also investigated the possibility that visits with the grandparent may be motivated by *difficulties in the family*. Many of the adult grandchildren in Kemp's (2005) study considered their relationships with their grandparents safe places to discuss problematic family issues. Although we might have selected any number of issues for consideration here, we focused on visits motivated by difficulties associated with divorce and remarriage, events that affect large numbers of inter-generational relationships (e.g., Amato & Cheadle, 2005; Bengtson, 2001).

Finally, we examined whether young adults' visits with their affected grandparents might be motivated by a desire to *take advantage of the time they have left with them*. Especially if the health conditions affecting their grandparents result in significant impairment or reduced health and well-being, young adults may experience a heightened sensitivity to the fact that opportunities for contact with these grandparents are finite. They may thus make a point of visiting because they recognize that an opportunity declined may be an opportunity lost.

#### Reasons for Not Visiting

Grandchildren may often want to—or feel that they ought to—spend time with their grandparents but find that accommodating this desire/duty compromises their ability to reach other goals or fulfil other responsibilities and obligations (cf., Lüscher & Pillemer, 1998). For example, grandchildren may feel torn between their desire to attend to their own needs and personal goals and their obligation to use their time and energy supporting their aging grandparents

(Kemp, 2004). We thus generated several items that attributed participants' decisions not to visit to *barriers* (time and geography) that limited their ability to spend time face-to-face with their grandparents.

Because past research has documented considerable variation in the strength and affective character of relationships between grandparents and grandchildren (e.g., Boon & Brussoni, 1996; Brussoni & Boon, 1998; Kennedy, 1990, 1992a; Matthews & Sprey, 1985), we also explored the possibility that some grandchildren might not visit their grandparents because their *relationships with their ill grandparents are characterized by emotional distance rather than closeness*. Accordingly, we generated a class of reasons for not visiting that attributed the failure to visit to having lost contact with the grandparent, not enjoying the grandparent's company, or the grandparent's rejecting all connection with the grandchild (i.e., being disowned). We expected, however, that rather than endorse explanations based on qualities of the relationship that diminished their interest in visiting, participants might prefer to explain away their failure to visit their ill or impaired grandparents by appealing to barriers that impeded their ability to visit (i.e., a socially acceptable explanation). That is, to the extent that perceived obligation or prevailing social norms might motivate young adults to strive to uphold the image of the good grandchild, we thought participants might be more inclined to excuse their failure to visit in terms of obstacles that *prevented* such visits rather than ascribe such failure to relational characteristics that might reduce their *desire* to visit.

We examined *guilt* as an additional reason for not visiting, based on the logic that, rather than motivating them to visit, guilt might actually lead some young adults to avoid visiting. Some young adults may get to the point where they feel so guilty about not visiting their affected grandparents that the decision not to visit comes to serve an ego-defensive function. That is, it enables them to put off facing their grandparent in the full awareness of their failure to live up to societal and familial expectations concerning their obligations to the grandparent.

Finally, we expected that participants might identify their *grandparents' health* as an obstacle to maintaining face-to-face contact. To examine this possibility, we generated reasons that explained their decisions not to visit with claims that (a) they do not like to see their grandparents in a deteriorated state of health; (b) their grandparents' impairments are too severe to allow visits; and (c) the grandparent would not remember or know who the participant was.

## Method

### Participants

Undergraduate students ( $N=154$ ) at a university in Western Canada were recruited via an ad posted in the Department of Psychology. Each received partial course credit for participating. Prior to conducting the analyses reported here, we dropped 2 participants who completed the questionnaire with respect to a great grandparent and 11 participants whose referent grandparents did not live with impairment. Due to concerns that they might define the term *visit* in substantially different terms than participants who did not reside with their grandparents, we also dropped 12 participants who lived with their referent grandparents. After the exclusion of one multivariate outlier and a participant who failed to complete the not-visiting checklist, the final sample comprised 138 participants (106 females and 32 males), with a mean age of 20.81 years ( $SD=1.90$ ; range 18 to 28). The majority (67.4%) identified themselves as Caucasian, with an additional 22.5 per cent reporting Asian, 7.2 per cent South Asian, and 6.5 per cent other ethnicities.

### Procedure and Materials

Individuals with more than one impaired grandparent were instructed to base their questionnaire responses on the grandparent to whom they felt most close emotionally ( $n=78$ ). Although this approach to dealing with the selection of referent grandparents likely introduced some positive bias into our results, it has the important benefit of ensuring that participants were reporting on relationships in which they were likely to be at least minimally invested. Such a focus on closest grandparents is also fairly common in the literature (e.g., Boon & Brussoni, 1996; Brussoni & Boon, 1998; Hodgson, 1992; Kennedy, 1989, 1990, 1992a, 1992b) and thus facilitated comparisons with existing research.

### Type of Impairment

Participants used two prepared lists to identify the health conditions with which their referent grandparents lived. The physical impairments list included 16 causes of impairment (e.g., digestive problems, high blood pressure/stroke, heart problems, cancer). Anxiety and depression were also included in this list. The cognitive impairments list included six causes of cognitive impairment (e.g., stroke, Alzheimer's disease). See Boon and Shaw (2007) for a complete discussion of our assessment of impairment type and severity.

### Demographic Variables

Participants reported their own age, sex, and ethnicity. They also provided data concerning their grandparents' age, sex, and kinship status; how close they lived to their grandparents; and their grandparents' place of residence.

### Reasons Checklists

Two 10-item checklists described reasons for visiting and not visiting grandparents (see Tables 1 and 2). Instructions for each list read (as appropriate), "What are the reason(s) that you do/do not visit your grandparent?" Each list included two blank lines labelled *other (specify)* for use in listing additional reasons. Participants chose all options that applied. Those who did not visit their grandparents ( $n=6$ ) placed a check mark in a space provided.

### Analysis

Prior to computing the frequency with which each reason was endorsed, we examined the reasons participants provided in response to the *other* option and, where appropriate, classified these using the existing categories. Otherwise, in cases where 5 or more participants listed the same novel response, we created a new category. This resulted in the creation of two new reasons for visiting and one new reason for not visiting (see Tables 1 and 2). Next we collapsed across the individual items within the broader classes of reasons (i.e., perceived constraints/expectations, rewards, etc.) to reduce the number of categories under consideration and recomputed the frequencies. We then performed  $\chi^2$  tests to determine whether the proportion of participants who endorsed the various classes of reasons varied as a function of participant or grandparent sex, kinship status, or participant ethnicity, with the ethnicity comparison restricted to Caucasian versus Asian, as just 10 per cent of our sample reported other ethnicities.

## Results

According to participants, the vast majority (97.1%) of their referent grandparents were between 60 and 89 years of age. Maternal grandparents (57.2%) and grandmothers (70.3%) were over-represented in this sample. Nearly two-thirds lived a substantial distance away from their grandchildren (in the same province but not nearby, or in another province or country) and the majority lived in their own homes (60.1%), in seniors' complexes (18.1%), or with other relatives (13.0%). Referent grandparents also lived with a wide range of impairments (with visual impairments [69.6%], high blood pressure/stroke [60.1%], arthritis/rheumatism [57.2%], and hearing impairments

[55.1%] the most common). However, responses across a variety of indicators not discussed here suggest that, on average, participants perceived their grandparents' impairment(s) as more moderate than severe in nature (see Boon & Shaw, 2007).

### Why Young Adults Visit Their Grandparents

Consistent with the view that individuals today are largely free to negotiate the terms of their familial relations based on personal interests and desires (Allan, 2001; Giddens, 1992, 1994; Kemp, 2004), considerations of available *rewards* (for both parties to the interaction) were more commonly reported bases for visiting than concerns about the *costs* associated with *failing to visit* or the *external pressures* that leave young adults feeling compelled to visit (see Table 1). Among the reward-focused reasons, participants were also much less likely to endorse those items that suggested that they visited their grandparents to secure *personal benefits for themselves* (i.e., social support for yourself, financial/material reward for yourself) than the item proposing that they visited to provide *social support to their grandparents*.

Our data further suggest that large numbers of participants were motivated to visit their affected grandparents by the desire to make the most of whatever time they might have left to interact with them. Only *enjoyment* was endorsed more frequently than the "seize-the-day" sentiment evident in this

**Table 1: Percentage endorsement for reasons for visiting the grandparent (N = 132)<sup>a</sup>**

Reason	% (N)
Enjoyment	84.1 (111)
Take advantage of time that you have left together	72.0 (95)
Social support for your grandparent	51.5 (68)
Obligation	41.7 (55)
Family pressure	29.5 (39)
Social support for yourself	20.5 (27)
Guilt	13.6 (18)
Holidays/Vacation <sup>b</sup>	8.3 (11)
Financial/material rewards for yourself	4.5 (6)
Family events/Get togethers <sup>b</sup>	4.5 (6)
Family difficulties due to divorce/remarriage	3.0 (4)
Financial/material rewards for your grandparent	0.0 (0)
Other	5.3 (7)

<sup>a</sup> Six participants reported that they do not visit their grandparent; percentages in this table were calculated excluding these participants.

<sup>b</sup> Holidays/vacation and family events/get togethers emerged from examination of the reasons participants provided in the *other* category.



checklist option. In contrast, our results indicate that participants' visits with their referent grandparents were rarely motivated by family instability/conflict.

Participants also identified several additional reasons for visiting their grandparents in responses to the *other* option in the checklist. Such reasons included visiting to acquire knowledge of and access to family stories, visiting to brush up on skills in a second language, visiting because doing so gave them a sense of peace, and visiting because it made their grandparent happy.

#### Why Young Adults Do Not Visit Their Grandparents

We proposed that participants might be inclined to explain their failure to visit their grandparents by appealing to barriers that prevented visits rather than by ascribing such failure to problems in their relationships that might leave them unmotivated to spend time with their grandparents. Consistent with this proposition, time constraints and geographical distance were the most commonly endorsed items in the checklist by a considerable margin (see Table 2). *Lack of closeness* ranked third but was endorsed by fewer than 20 per cent of respondents.

We also expected participants to endorse reasons that based their decisions not to visit their grandparents in the health issues their grandparents faced. In actuality, the health-based reasons were among the least frequently endorsed reasons in the checklist (the most popular of these—not liking to see their grandparents in deteriorating health—was endorsed by just over 10% of the sample). The several

remaining options in the checklist were rarely endorsed, as well.

As for the visiting checklist, participants also provided several novel reasons for not visiting that did not appear in the prepared checklist. Among these responses were reasons predicated on language barriers, lack of transportation, financial constraints, and their grandparents' own busy social lives.

#### Ancillary Analyses

The frequency with which each class of reasons was endorsed did not vary with kinship status or sex of grandparent or participant. However, Caucasian participants (78.7%) were significantly more likely than Asian participants (50.0%) to visit their affected grandparent to take advantage of the time they had left ( $\chi^2(1)=9.03$ ;  $p<0.01$ ). Caucasian participants (64.5%) were also significantly more likely than Asian participants (41.9%) to explain their failure to visit in terms of emotional distance ( $\chi^2(1)=4.90$ ;  $p=0.03$ ) and barriers that prevented visits (95.7% [Caucasian] vs. 83.9% [Asian];  $\chi^2(1)=4.83$ ;  $p<0.05$ ). These latter differences may be attributable, in part, to significant differences between Caucasians and Asians in place of residence ( $\chi^2(1)=47.48$ ;  $p<0.01$ ) and proximity ( $\chi^2(1)=28.52$ ;  $p<0.01$ ). Relative to Asian participants, more Caucasian participants reported that their grandparents lived in their own homes or in seniors' complexes, whereas fewer Caucasian participants reported that their grandparents lived with another relative. Asian participants also lived further away from their grandparents than did Caucasian participants.

**Table 2: Percentage endorsement for reasons for not visiting the grandparent (N = 138)**

Reason	% (N)
Time constraints	71.7 (99)
Geographical distance too great	60.1 (83)
Lack of closeness	18.1 (25)
Do not like to see your grandparent in a deteriorated state of health	11.6 (16)
Loss of contact	6.5 (9)
Financial constraints <sup>a</sup>	3.6 (5)
Do not enjoy grandparent's company	2.2 (3)
Guilt	2.2 (3)
Grandparent doesn't know or remember who you are	1.4 (2)
Disowned	0.7 (1)
Impairment too severe (e.g., lack of response, acknowledgement)	0.0 (0)
Other	7.2 (10)

<sup>a</sup> Financial constraints emerged from examination of the reasons participants provided in the *other* category.

## Discussion

The present results suggest that many young adults value time with their elders and choose to visit them because they enjoy doing so rather than in response to perceived constraints or expectations or the possibility that they may gain financially or materially from such visits. Such findings are consistent with the broader literature on inter-generational relationships which has tended to characterize the grandparent-grandchild bond as one that most young adults view as both important and personally fulfilling (Brussoni & Boon, 1998; Hartshorne & Manaster, 1982; Hodgson, 1992; Kemp, 2004, 2005; Kennedy, 1990; Sanders & Trygstad, 1993).

Our findings are also consistent with assertions that, at least within Western societies, grandchildren are, as adults, largely free to negotiate the parameters and the significance of their relationships with their grandparents (Kemp, 2005). Although a noteworthy minority of participants acknowledged the role that

perceived constraints or expectations played in prompting them to visit their impaired grandparents, such motives garnered substantially less endorsement overall than motives predicated on enjoyment, taking advantage of the time left to be with the grandparent, and offering social support. In short, when increasing autonomy from parental control enables them to choose for themselves whether, when, and why they will visit grandparents in declining or diminished health, young adults' reasons for visiting appear to be more intimately connected to considerations of certain kinds of rewards that such interaction offers (to themselves and their grandparents) and with making the most of the time they have left than to concerns with social norms and prescriptions concerning their duties and obligations as grandchildren. These results are consistent with Kemp's (2005) finding that many adult grandchildren view personal choice rather than family obligation as the more central motive underlying their involvement in relationships with their grandparents.

Our analysis of the reasons participants endorsed to explain those occasions when they do not visit further suggests that, for many young adults, a decision not to visit may be better explained by appealing to barriers that prevent desired contact than by looking for signs of emotional distance or break-down in the grandparent–grandchild relationship itself. Of course, the fact that our participants were volunteers—many of whom reported on relationships with their closest grandparent living with impairment—suggests the need for caution in interpreting these results. Compared to young adults more generally, our participants may have been more likely to have had positive experiences with their grandparents and thus less apt to endorse reasons suggesting that their relationships were distant or dissatisfying to explain why they did not visit. Nevertheless, taken at face value, this finding is consistent with the conclusion that many young adults experience relationships with their grandparents—even grandparents who live with impairment and ill health—as significant and personally satisfying interpersonal attachments.

Importantly, the pattern of responses obtained for the not-visiting checklist also supports our speculation that participants may be motivated to explain away their failure to visit in terms that highlight competing demands on their time. Participants' high rates of endorsement of time constraints and geography as obstacles to visiting their referent grandparents, for example, imply real limits on their freedom to act on their desires to visit. As such, they allow participants to claim that they *would indeed like* to visit their grandparents but that significant forces impede their ability to do so. In this way, we argue,

participants are able to maintain a view of themselves as devoted grandchildren (cf., Kemp, 2005), even in the face of the recognition that they do not visit their grandparents as much as they might wish to or feel they ought to.

Considered from this perspective, the reasons for visiting data also provide evidence for the possibility that participants experienced significant concerns about appearing to be good grandchildren. The three reasons for visiting that received the highest endorsement cast participants in a very favourable light—as grandchildren who (a) enjoyed their grandparents' company and wished to take advantage of the opportunities they had left to do so and (b) cared about their grandparents and demonstrated such concern by seeking to meet the grandparents' needs for social support. Although we do not mean to diminish the possibility that participants' responses reflected their genuine motivations in relation to their grandparents, this pattern of results is also consistent with the proposition that young adults still perceive pressures to fulfil norms associated with the grandchild role, despite recent socio-historical changes that may have freed them to pursue relations with their grandparents according to their own desires and preferences; future research might investigate in more detail young adults' beliefs concerning the privileges and responsibilities associated with this role and its points of tension with other obligations and objectives born of other roles they must fulfil.

#### *The Role of Impairment*

Our focus on grandchildren whose grandparents live with illness, disease, or disability was predicated on the assumption that changes in a grandparent's physical, cognitive, and psychological functioning may figure prominently among the factors that explain young adults' decisions to visit (or not) their grandparents. Support for this assumption, however, was mixed. Large numbers of participants indicated that concerns about taking advantage of the time they might have left with their grandparents inspired them to visit, but the health-based reasons for not visiting were among the least frequently endorsed reasons in the not-visiting checklist.

Although speculative until future research can corroborate it, our best explanation for the low endorsement of health-based reasons for not visiting their referent grandparents is that, on average, the young adults in our sample reported on relationships with grandparents who (at least in their own views) experienced impairments of mild to moderate severity. Our results might have been quite different had participants believed that their grandparents

lived with more debilitating impairments. Our review of the limited literature on grandparent–grandchild relationships involving grandparents with Alzheimer’s disease is congruent with this conjecture. Grandchildren with grandparents diagnosed with Alzheimer’s disease report less interaction with their grandparents (Werner & Lowenstein, 2001) and less satisfaction with the quality of their relationships (Creasey, Myers, Epperson, & Taylor, 1989), and report that their grandparents’ dementia affects their lives in a variety of negative ways (Howard & Singleton, 2001).

Data reported elsewhere (Boon & Shaw, 2007) demonstrate that participants in this study experienced moderate rather than severe levels of worry about their grandparents’ futures and tended to report that their grandparents’ impairments had had a mild *positive* rather than negative impact on their own lives. Perhaps it is only when grandchildren begin to experience significant apprehensions about their grandparents’ well-being and/or come to perceive that their grandparents’ failing health/reduced functioning is beginning to affect their own lives in unequivocally negative ways that considerations surrounding the grandparents’ health begin to play a formative role in shaping their decisions not to visit. Longitudinal studies following grandparent–grandchild relationships over time from the grandchild’s childhood (when grandparents are likely to be relatively young and reasonably healthy) through to and beyond the transition to adulthood (by which time the prevalence of disease/disability among grandparents is greatly increased and even healthy grandparents will experience the widespread changes in functioning associated with normal aging) would be helpful in addressing these possibilities.

### Limitations

Several shortcomings in the design and execution of this study limit the generalizability of our results and our ability to draw strong conclusions. First, because we did not define the term *visit*, there may have been considerable variability among participants in its interpretation. Some may have considered dropping by the grandparent’s house for five minutes while running other errands as visiting, whereas others may have used the term more conservatively to refer only to those occasions on which they executed deliberate plans to engage in interactions with their grandparent for some protracted period of time. We have also assumed that participants took the word *visit* to imply face-to-face contact but have no way of verifying the accuracy of this assumption. Moreover, we have tended to interpret our results from the standpoint

that participants *exercised choice* regarding whether or not to visit their grandparents. Such a perspective is consistent with contemporary scholarship that suggests that kin relationships today are largely open to negotiation based on personal desire. However, there are at least two parties to any such decision and situational and environmental constraints may, as participants’ responses to the reasons-for-not-visiting checklist clearly imply, restrict or even preclude possibilities for inter-generational contact. In the future, researchers would be wise to investigate, in an explicit fashion, the role of choice in this domain. Important questions concerning which party initiates visits also demand researchers’ attention.

The nature of our sample also limits our ability to generalize our results. As university undergraduates who volunteered for a study on inter-generational relationships, our participants were more affluent and educated than the broader population of North American young adults and perhaps rather more interested/invested in their grandparent–grandchildren relationships. That we restricted our analyses to grandchildren who did not live with their grandparents further means that our data cannot speak to the motives that guide visiting behaviour among co-resident grandchildren. Equally important, our decision to ask participants with more than one impaired grandparent to select the impaired grandparent to whom they felt most close as the basis of their responses likely introduced bias into our results. Participants’ emphasis on enjoyment and the rewards associated with visits to their grandparents as reasons for visiting may, to an important degree, reflect the fact that the majority of our sample reported on relationships with favoured grandparents. Our results might have looked quite different had we determined randomly which of their impaired grandparents would serve as the basis of their responses.

Finally, our sample was largely Caucasian and female. The results of our comparisons of endorsement among Caucasian and Asian participants suggest that race/ethnicity may be a variable of considerable importance to understanding the motives that underlie young adults’ decisions to visit—or not visit—grandparents who live with impairment. Such findings are consistent with arguments that the recent societal changes that have transformed the ways we construct, define, and regulate familial relationships have not affected all groups in the same fashion or to the same extent (Allan, 2001). There was less evidence that sex (of participant or grandparent) was associated with endorsement of the various reasons in our checklists. Nevertheless, it is clear that future research



ought to strive for more evenly balanced samples and that cultural processes deserve attention in research on this topic.

Despite these limitations, we believe the results of this study build on existing research in at least two ways. First, as we have argued previously, they corroborate other findings in the literature that demonstrate that many young adults experience meaningful and personally rewarding attachments to their grandparents. Our results suggest, for example, that young adults' decisions to visit their grandparents may be more heavily influenced by considerations of the rewards associated with visiting than by reflections on expectations, obligations, or pressures which demand that they spend time with their grandparents. Additionally, they suggest that young adults may more commonly attribute their decisions *not* to visit their grandparents to barriers that limit their *ability* to visit than to emotional distance in the relationships themselves that would limit their *interest* in visiting.

Second, our results suggest that, at least from the perspective of the young adult grandchild, a grandparent's mild to moderate impairment does not diminish the grandparent–grandchild relationship's potential to be rewarding and fulfilling to any considerable extent. Apart from high levels of endorsement of the reason for visiting predicated on the desire to maximize remaining opportunities to spend time with the impaired grandparent, concerns regarding the grandparent's health and well-being appeared to play relatively little role in young adults' reasons for visiting or not visiting their affected grandparents. Clearly, more research is needed on this important topic, but the present results are encouraging in that they suggest that, at least until a certain threshold of severity of impairment has been reached, a grandparent's declining or diminished health may have little impact on the quality and characteristics of relationships with his or her grandchildren.

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