2019

Grandparents Cut Off from Grandchildren: An Exploratory Study

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Dissertation

Presented in Partial Fulfillment of the Requirements for
the Degree of Doctor of Philosophy in
Social Work
Ellen Whiteside McDonnell School of Social Work

Barry University
by
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Barry University
2019

ABSTRACT

The purpose of the study was to explore and describe the experiences of grandparents who are cut off from their grandchildren. There is a lack of understanding and description of such grandparent experiences in the literature. Bowen family system theory was used to view associated multigenerational family processes and cutoff. This quantitative research study used an initial pilot study phase to design and validate the Survey of Cut Off Grandparents (SCOG). Experts in the fields of family estrangement, alienation, and family systems therapy were invited to provide feedback regarding proposed survey items. Included in the survey were the Beck Depression Inventory II (BDI-II), the Suicide Behaviors Questionnaire-Revised (SBQ-R), the Complicated Grief Assessment (CGA), and a measure of self-reported health (SRH). Surveys were administered electronically to 377 grandparents associated with Alienated Grandparents Anonymous (AGA), an international support group. Factor analyses identified three scores measuring the degree of cutoff: Current Cutoff, Prior Closeness, and a Total SCOG score. SCOG scores were significantly related to depression, complicated grief, and decreased reported overall health and well-being when degree of cutoff was combined with the prior level of grandparent-grandchild emotional closeness. As measured by the BDI-II, 46% of grandparents who were completely cut off from contact with their grandchildren met criteria for depression, and 29% met criteria for being at risk for suicidal behaviors according to the SBQ-R. Potential pathways to cutoff included death, divorce, or alienation of the adult child. Although 72% of grandparents sought counseling to cope with being cut off, over a third found the counseling ineffective. The findings of the study have implications for social work education, practice, and political advocacy. Given that cut-off grandparents experience significant levels of depression, suicidal thinking, and complicated grief, appropriate social work and societal interventions are necessary.

DEDICATION

I wish to dedicate this work with love to my family: My husband David, who has supported and encouraged me despite facing over a year of health challenges with courage; my son Aaron, who, with his great intellect and curiosity about the world, inspired me every day to learn all I can about as much as I can; and my daughter Laura, who excels and expects more of herself than anyone I know, and inspires me to attempt to do half as much.

ACKNOWLEDGEMENTS

I wish to express my deep gratitude to my advisor, committee chair, and friend, Dr. Mark Smith. Dr. Smith was my first doctoral professor, and I knew then I wanted to work with him if he would agree. He spent countless hours discussing ideas, providing encouragement, and giving me the confidence to pursue my area of interest, assuring me that I could make a meaningful contribution to the field. It has been a privilege to be his student.

I want to thank Dr. Ashley Austin for being a mentor, role model, and friend. I have learned so much from her because of her willingness to share her expertise and provide support. Dr. Austin has been instrumental in encouraging me to pursue this area of research and has edited my papers and helped me publish a journal article. Her brilliance and her dedication to the field of social work, qualitative and quantitative research, and education is obvious.

I am deeply grateful to Dr. Faye Roseman for her willingness to serve on my committee with having known me for only a short time. Dr. Roseman is an inspiration to me with her leadership in the fields of counseling, children, and family issues. I am hoping I can draw on her thoughts and expertise for a long time.

I wish to thank Dr. Sarah Lewis for assisting me with my initial data analysis and putting up with my never-ending statistical questions and visits to her office.

I would like to thank my doctoral cohort colleagues, who provided inspiration, great intellectual discussion and insight, support, coffee, and comic relief over the years. This list includes Dr. Tania Paredes, Dr. Maria Tehan, Dr. Fabio Naranjo, Dr. Gena Rowland, and others. Thanks for holding the door open for me.

I wish to express deep gratitude to my friend and colleague, Amanda, who is the founder and director of Alienated Grandparents Anonymous (AGA). As a founding board member, I watched in awe as Amanda built AGA into a worldwide support and educational foundation, helping many thousands of grandparents who are cut off from their grandchildren. She is an inspiration, one of my biggest supporters, and the reason I chose to investigate grandparent cutoff.

I am also deeply grateful to the grandparents who have so willingly and generously shared their stories, time, and energy. My goal is to continue to learn from them and be inspired by their courage, wisdom, and love for their grandchildren.

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CHAPTER I

INTRODUCTION

Background of the Study

Today there are over 70 million grandparents in the United States, representing one-third of the population (American Grandparent Association, 2017). Of all adults age 30 and older, 37 percent are grandparents (Monte, 2017). Life expectancy has increased threefold in the past 200 years, allowing for the possibility of lengthy familial multigenerational connections between children, parents, and grandparents (Sturt, 2013). There are instances when these primary kin relationships are disrupted or severed, and in some cases grandparents are suddenly cut off from contact with grandchildren. This may occur as a result of a sudden event in the middle generation, such as a death or divorce, or the adult child in the middle generation may actively alienate the grandparent from the nuclear family and children. Generally, grandparents depend upon the "gatekeeping" middle generation for contact with grandchildren. Grandparents who lose contact with grandchildren may experience emotional and physical problems (Drew & Smith, 1999). Coping with associated grief and loss could be assumed to be heartbreaking for grandparents when it is considered that 72% of grandparents report that being a grandparent is the single most important and satisfying thing in their lives (American Grandparent Association, 2014).

The experience of grandparents who are cut off from seeing their grandchildren has received little attention in the social science literature. A very small number of studies exist that describe the experience of estranged grandparents. This is unfortunate because remarkably increased life expectancies in the past century would otherwise allow

for long-lived intergenerational familial relationships. Life expectancy rose from age 50 in 1900 to age 84 for women in 2014 (National Center for Health Statistics, 2017). Kruk (1994) reported that grandparents who had lost contact with their grandchildren described reactions common to bereavement, including newly diagnosed physical health problems and feelings of profound sadness and a sense of loss. Grandparents' experiences included fear of never seeing their grandchildren again; worry about the safety and well-being of grandchildren; and sadness at being shut out of family gatherings and events, as well as not being able to pass on family history and traditions. Drew (1999) reported a range of negative consequences for grandparents experiencing sudden loss of a grandchild, including intense chronic grief, symptoms of posttraumatic stress disorder, cognitive intrusion, mental health problems, lowered life satisfaction, numbness, shock and denial, shame, rejection, betrayal, and depression. In a subsequent publication, Drew and Silverstein (2007) found that mental health progressively worsened for these grandparents as they grew older, and that affected grandparents were at possible increased risk for suicide.

Boss (1999) described grandparents in situations of contact loss with grandchildren as experiencing "ambiguous loss," in which the grandchild is not physically present yet is present in the heart and mind of the grandparent. There is continued hope for reunification, which results in ongoing stress for the grandparent and makes it difficult to achieve closure in the grieving process. Grandparents yearn for a reunion with their grandchildren, and their continued hope makes it difficult to move on with their lives (Drew & Silverstein, 2007).

Statement of the Problem

Data were gathered through the administration of validated survey instruments to measure depression, suicidal thinking, and complicated grief, in addition to a researcher-created survey of grandparent cutoff. The study addressed a gap in the literature in this area, and generated knowledge that can be applied in the development of interventions designed to address the emotional and physical health needs of affected grandparents.

Significance of the Study

A basic tenet of social work is to "improve and facilitate the workings of society, the environment of relationships, and social institutions developed from relationships in which human beings live" (Adams, Dominelli, & Payne, 2009, p. 1). Linkages between people and their environments, or "connectedness," are of primary importance. Social workers strive to improve people's lives by facilitating connectedness between social relationships, families, organizations, and institutions. The family is viewed by many in social work as the primary context for informing work with individuals, couples, and larger systems.

Given the centrality of the family within social work, intergenerational family relationships are of interest, including relationships between children, parents, and grandparents. Many studies exist that focus on grandparents who become full-time caregivers for their grandchildren, and the resultant physical and emotional consequences experienced by these grandparents (Blustein, Chan, & Guanais, 2004; Clottey, Scott, & Alfonso, 2015; Kolomer, 2008). By comparison, relatively little research has examined the problem of grandparents who experience contact loss with their grandchildren. A small number of studies have explored the experiences of grandparents who are cut off

from their grandchildren, and identified links between complicated grief, depression, suicidality, and self-reported health for this subset of grandparents (Drew, 2000, 2007; Drew & Smith, 1999; Kruk, 1994). These serious issues potentially affect a significant portion of grandparents, yet almost nothing is known about the prevalence, severity, or general nature of this problem that may be occurring in a population of older and aging individuals.

An indication of the prevalence of the problem may be seen in the formation of a support group for alienated grandparents in 2011 in Naples, Florida, named Alienated Grandparents Anonymous (AGA). The group holds biweekly support groups and monthly presentations from experts in alienation and family estrangement, clergy, and grandparents. AGA partnered in 2014 with the David Lawrence Center, a Naples community mental health center, to provide counseling services to local grandparents in person, or via a web-based platform for non-local grandparents. By 2017, AGA had chapters in all 50 United States and 16 countries, and has over 2,500 grandparents who have asked to receive regular emails and AGA electronic newsletters. Over 170 grandparents have completed 5-page informal surveys describing their situations and indicating the presence or absence of depression, suicidal thinking, and difficulty sleeping. The number of grandparents who have responded in some manner since 2011 indicates that cut-off grandparents are numerous and grandparents are seeking emotional, educational, and political remedies. The first step in identifying effective interventions is to obtain a clearer understanding of grandparent experiences. AGA participation demonstrates a growing call for attention to the problem of cut-off grandparents.

Definition of Terms

Alienated Grandparents Anonymous (AGA)

AGA was established in 2012 as a 501c3 nonprofit organization founded to provide education, support, and advocacy for individuals suffering from estrangement, alienation, or isolation due to being denied access to their grandchildren and children. AGA is headquartered in Naples, Florida, provides monthly peer-led support groups, and hosts a bi-annual international conference. AGA has strategic alliance chapters in all 50 states and 24 countries.

Bowen Family Systems Theory

This study uses Bowen family system theory as a framework for the investigation of the experiences of cut-off grandparents. Murray Bowen is one of the founders of marriage and family therapy, and conceptualized the family as a network of interlocking relationships operating within a multigenerational system (Goldenberg & Goldenberg, 2008; Miller, Anderson, & Davelyne, 2004). Of particular relevance to the current study are Bowen's concepts of a *multigenerational transmission process* and *emotional cutoff.*

Grandparent Cutoff

Grandparent cutoff is a phenomenon in which a grandparent is denied contact with his or her grandchild or grandchildren. According to Bowen, chronic anxiety can expose a family to conditions in which fusion and lack of differentiation between parent and child occurs and builds; this can result in a multigenerational transmission process in which anxiety is transmitted over several generations (Cook, 2007). Differentiation decreases over generations as fusion increases. Unresolved emotional fusion is most commonly addressed through emotional distancing, or in a more desperate effort by

geographically or physically cutting oneself off from a parent or family of origin (Cook, 2007; Kerr, 1991). Cutoff occurs most often in families experiencing very high levels of anxiety, fusion, and emotional dependence (Bowen, 1978). The present study attempts to describe grandparent cutoff through relationship variables of emotional closeness, proximity, and level of direct contact.

Theoretical Framework

As previously stated, this study used Bowen family system theory as a framework to investigate the experiences of cut-off grandparents. Murray Bowen believed a human driving life force exists where individuals seek personal autonomy as well as togetherness within the family. A successful balance can be maintained between individuality and family intimacy (Bowen, 1978). However, anxiety is seen as the underlying basis of behavior and can override cognitive processes and lead to automatic, uncontrolled impulses (Brown, 1999). *Differentiation of self* is central to Bowen family systems theory, and describes the individual's capacity to thoughtfully act rather than react, particularly in times of increased anxiety (Bowen, 1978; Goldenberg & Goldenberg, 2008). The process of differentiation occurs to the degree that an individual can separate from a parent and maintain a sense of self and a stable personal identity. *Differentiated* individuals are emotionally adaptive and have fewer physical, emotional, social, or marital problems than less differentiated individuals (Kerr, 1991). Alternately, *symbiosis* can occur when a child and parent experience unresolved emotional attachment and the pair cannot tolerate being separated, resulting in *fusion* (Gilbert, 2013). *Triangulation* occurs when a significant family member is drawn into a two-person dyad in order to diffuse tension and anxiety.

Generational lines can progress toward increasing anxiety and fusion, in part due to individuals marrying those with a similar level of differentiation (Kerr, 1991). Differentiation decreases over generations as fusion increases, and as previously noted, unresolved emotional fusion is often addressed through distancing or cutoff (Cook, 2007; Kerr, 1991). Kerr (1991) further states:

> Emotional cutoff is an interesting paradox in that it at one and the same time *reflects* a problem, *"solves"* a problem, and *creates* a problem. It reflects the problem of the underlying fusion between the generations. It "solves" a problem in that, by avoiding emotional contact, it reduces the anxiety of the moment. It creates a problem in that it isolates and alienates people from each other, people who could *benefit* from contact with each other if they could deal with each other better. (p. 245)

Goldenberg and Goldenberg (2008) note that cutting off a relationship does not terminate the emotional process. The individual initiating the cutoff may tend to find themselves in emotionally intense relationships, with little family support. A central hypothesis of Bowen's theory is that "the greater the degree to which family members maintain contact with the previous generation, the less emotionally reactive they will be in current relationships" (Brown, 1999, p. 98).

Bowen family systems theory provides a framework in which to understand the experience of grandparents who are cut off from grandchildren in the current study. Families who experience chronic anxiety, lack of differentiation, and a high degree of fusion between members may cut off parents and extended family members. Grandchildren would be unwitting participants in this scenario, yet according to Bowen, are likely to suffer repeated family processes as they mature and age, and experience problems reflecting a multigenerational pattern. Since undifferentiated individuals have more physical, emotional, social, and marital problems than differentiated individuals

(Kerr, 1991), we could expect that cut-off grandparents would indicate the presence of increased anxiety, depression, suicidal ideation, and health problems on measures of these constructs.

Research Questions

The major question guiding this study was to understand the emotional and physical effects on grandparents of being cut off from their grandchildren. The specific research questions were:

Question 1. How is grandparent cutoff measured?

Question 2. How does being cut off from grandchildren relate to grandparent (a) depression, (b) suicidal ideation, (c) complex grief, and (d) self-reported health?

Question 3. Do potential pathways to being cut off include (a) death of adult child, (b) divorce of adult child, (c) geographical separation, (d) parental alienation of adult child, and (e) grandparent divorce?

Hypotheses

Bowen family systems theory predicts that grandparent cutoff will correlate with scale scores of the three instruments for grandparents. Grandparents cut off from their grandchildren were asked to complete the Survey for Grandparents Cut Off from Grandchildren (SCOG), which was developed for this study and is described below. The hypotheses for the current investigation are:

Hypothesis I: Scores on the SCOG will be positively correlated with scores on the BDI-II, SBQ-R, and CGA.

Hypothesis II: SCOG scores will be negatively correlated with SRH.

In other words, grandparents cut off from their grandchildren were anticipated to report depression, suicidal ideation, complicated grief, and decreased self-reported health.

Organization of the Study

This research study is presented in five chapters. Chapter I includes the background of the study, statement of the problem, purpose of the study, definition of terms, theoretical framework, and research questions. Chapter II presents a review of the literature, which includes significance of the grandparent role, disruption of the grandparent-grandchild relationship, effects on grandchildren, and consequences for grandparents who are cut off from grandchildren. Chapter III describes the methodology used for the study, including the selection of participants, instruments utilized, data collection, and data analysis procedures. Chapter IV presents the findings of the study, including demographic information, and results of the data analysis. Chapter V presents a summary of the entire study, discussion of the findings, limitations, implications of the findings, recommendations for further research, and conclusions.

CHAPTER II

REVIEW OF THE LITERATURE

Significance of Grandparent Role

For grandparents, relationships with grandchildren are of primary and significant importance and represent an important component of their self-identity (Kruk, 1994). The consensus of numerous studies on grandparents and grandchildren is that they interact with each other often and tend to be emotionally close and have mutually satisfying relationships (Drew & Smith, 2002; Kornhaber, 1996). Silverstein and Marenco (2001) found that 60% of American grandparents communicated with or saw their grandchildren at least once per week. In addition to socializing and visiting, many grandparents provide childcare for grandchildren. Despite varying levels of involvement in their grandchildren's lives, grandparents' emotional attachment to their grandchildren generally prevails over other salient aspects of their lives, such as work, hobbies, and friendships (Kivnik, 1982; Kornhaber & Woodward, 1981). Robertson (1975) reported that 37% of grandmothers preferred being a grandparent to being a parent, while 25% enjoyed both roles equally.

Barnet, Scaramella, Neppl, Ontai, and Conger (2010) found that maternal grandparents, particularly grandmothers, are highly involved with their young grandchildren under 5 years of age, and also found that for many Americans, multigenerational bonds have become more important than nuclear family ties for well-being and support over the course of their lives. Grandparents often play primary roles in the lives of their grandchildren. Fuller-Thomson and Minkler (2001) reported that nearly 9% of all grandparents with grandchildren under age 5 provided extensive childcare for at

least 30 hours per week. More than 6% of grandchildren are being raised in grandparent-headed households in the United States (Fuller-Thomson & Minkler, 2001; Goodman & Silverstein, 2002).

Grandparents may serve as valuable sources of social support for children during times of family stress (Lussier, Deater-Deckard, Dunn, & Davies, 2002). Schutter (1997) studied 70 children of divorce and their grandparents, and found that grandchildren connected emotional bonding with grandparents' listening, keeping them safe, and gift giving. The author stated that grandparents provided direct support for their grandchildren through financial contributions, or by providing emotional support, mentoring, counseling, and advice, both before and after divorce. Hagestad (1985) argued that in times of stress grandparents can act as a stabilizing force for the parents and may encourage family cohesion by being the focal point of family contact. Grandchildren who reported greater closeness to grandparents experienced fewer adjustment problems following parental divorce: "At a time when things seem uncertain, grandparents provide children with a sense of security and confirmation that some things stay the same following divorce" (Neugebauer, 1989, p. 156). Continuity of the grandparent-grandchild relationship may provide a vital connection for a child while other family relationships are undergoing dissolution. Grandparents are an important part of the family life cycle. They may function as family historians and transmit family values, ethnic heritage, and family traditions (Barnet et al., 2010).

Disruption of the Grandparent-Grandchild Relationship

There is little information available regarding discontinuities in the grandparent-grandchild relationship. The nature of these relationships varies according to

geographical proximity, age of grandparents, health status, social class, ethnocultural affiliation, and age and gender of grandchildren among other factors (Cherlin & Furstenberg, 1985; Kornhaber & Woodward, 1981). Access to grandchildren is controlled through the voluntary consent of both parents (Robertson, 1975). Grandparent-grandchild relationships are largely shaped by the kinds of relationships shared by grandparents and their adult children, so that grandparents who have good relationships with their adult children are likely to develop stronger ties with their grandchildren (Myers & Perrin, 1992). A difficult or disrupted grandparent-parent relationship can threaten proximity of grandparents to grandchildren, amount of contact, level of involvement, and fulfillment of a satisfying grandparental role (Lavers & Sonuga-Barke, 1997). Drew and Smith (1999) suggest that vulnerabilities and transitions in the middle generation, such as illness, death, relocation, or divorce, can compromise the ability of grandparents to engage in deeply satisfying primary kinship roles with grandchildren.

One of the few studies to investigate the nature of grandparent-grandchild access difficulties and contact loss was that of Kruk (1995), who used a qualitative approach in interviewing 55 grandparents in Canada who were members of grandparent rights organizations. The author found that grandparents lost access to grandchildren due primarily to three life events: parental separation or divorce, family feud, or a sudden event such as death of the adult child or relocation. Linda Drew and Peter Smith, both individually and together, authored seminal works in investigating consequences for grandparents who were denied access to grandchildren (Drew, 1999, 2007; Drew & Smith, 2002; Smith, 1991). The authors compared grandparents who had never lost contact with grandchildren to those who had lost contact due to family feud, parental

separation or divorce, or separation due to geographic distance of 100 miles or more (Drew & Smith, 2002). The researchers found that chronic grief, lowered quality of life, and emotional and physical health problems occurred along with loss of contact with grandchildren:

> On the basis of these findings we conclude that the experience of severe loss of contact is indeed causing most of these grandparents both acute and chronic levels of grief, a lowered quality of life, poorer mental and physical health, and in some cases (especially of family feud), intrusive post-traumatic thoughts and moderate to severe depression. (Drew & Smith, 2002, p. 20)

Divorce of adult children was also found by Fischer (1983) to be a primary antecedent for diminished grandparent accessibility to their grandchildren, although this situation is largely affected by lineage. Maternal grandmothers experience more frequent contact and emotional closeness with grandchildren after a divorce in the middle generation than do paternal grandmothers (Drew & Smith, 1999). Paternal grandparents may experience difficulty in gaining access to grandchildren if the mother maintains a majority of the parenting time (Kruk, 1995). Paternal grandparent contact with grandchildren is dependent on the father's contact with his children post-divorce (Kruk & Hall, 1995). Accordingly, divorce can significantly alter grandparent-grandchild relationships.

Another event that can alter vital relationships is family feuding (Drew, 1999; Kruk, 1995). Grandchildren may be used as pawns by adult children to "punish" grandparents for perceived wrongs (Coleman, 2013). Caspi and Elder (1988) reported a reinforcing dynamic between problem behavior and unstable family relationships across four female generations. Oliver (1993) reviewed child abuse studies and found intergenerational evidence of abusive behaviors. Kornhaber (1996) classified

dysfunctional grandparenting by describing "complex emotional, psychological, and attitudinal variables related to the grandparent's personality, attitudes, priorities, and mental and physical health" (p. 164), and suggested that such grandparenting may be related to intergenerational patterns of insecure attachment.

Other factors influencing level of grandparent contact with grandchildren include death or illness of the adult child, age and health status of the grandparent(s), geographical proximity to the grandchildren, employment statuses of the involved parties, parental remarriage, substance abuse by the parent, foster care of grandchildren, and termination of parental rights (Kruk, 1994; Johnson, 1988). Ingulli (1985) found that grandparents sought legal rights to their grandchildren in cases where there was a serious falling-out between the grandparents and the parents of the grandchild, occurring in intact two-parent families. Kruk (1994) found that this scenario may present a particularly grim situation for grandparents who are cut off from grandchildren: if both parents deny access, or if one parent denies access and the other remains passive, the prognosis for restored contact appears to be very poor. In such cases the grandparents are likely estranged from their adult child, who then withholds the grandchildren from contact with their grandparents. With the exception of the few studies discussed above, there is little information available regarding the experience of grandparents who lose contact with their grandchildren.

Parental Alienation

The phenomenon of Parental Alienation Syndrome (PAS), introduced by psychiatrist Richard Gardner in 1985, may represent an additional threat to otherwise normally occurring grandparent-grandchild relationships. Gardner defined PAS as a

campaign of denigration by one parent against the other parent, seen almost exclusively in the context of high-conflict divorce and child-custody disputes, which results in a child's unjustified rejection of a parent (Gardner, 1985, 1987, 1992, 1998, 2002). According to Baker (2013), children can be "subjected to parental pressure that results in their vehement and unwarranted rejection of the other parent" (p. 1). Psychologist Richard Warshak, a leading world authority on children who are alienated against one parent by the other parent, defined *pathological alienation* as a disturbance in which children "suffer unreasonable aversion to a person, or persons, with whom they formerly enjoyed normal relations or with whom they would normally develop affectionate relations" (Warshak, 2006, p. 361). In such cases a child is programmed by an alienating parent to reject and despise the other "targeted" parent, and in severe cases the child's animosity extends to that parent's extended family members. Warshak describes what is termed a "spread of animosity" from the alienated parent to that parent's extended family:

> One of the most pernicious signs of unreasonable alienation is what has been labeled *hatred by association*—the spread of hatred to people and even objects associated with the rejected parent, such as members of the extended family. Sometimes in the absence of any intervening contact, children's thoughts about formerly beloved relatives transform from highly positive to a complete devaluing. (Warshak, 2012, p. 2)

In this manner, grandparents can become collateral damage in cases of parental alienation as their adult child is bad-mouthed and rejected along with their extended family. As noted above, there are many family patterns that result in lack of or loss of contact between a grandparent and a grandchild. However, not all of them are considered alienation per se.

Parental alienation of an adult child is one of the pathways that could lead to grandparents being cut off from grandchildren (Gardner, 1985, 1998). Other pathways identified in the literature include death or incarceration of the grandparent's adult child, a geographical move occurring between grandchild and grandparent, or when the grandparent has behaved in an inappropriate or harmful manner toward the adult child and/or the grandchildren (Kruk, 1995). Poverty and lack of resources might result in challenges regarding contact (Kruk, 1995). Any of these scenarios, or combinations, could potentially result in negative emotional consequences for grandparents, but are not the focus of this study.

Effects on Grandchildren

There is a lack of data about the effects of grandparents being cut off on the grandchildren themselves. The experience most closely related to grandparent-grandchild cutoff may be children being alienated from a parent. There is scholarly consensus that alienation is abusive to children (Baker & Verrocchio, 2015; Ben-Ami & Baker, 2012; Barnet et al., 2010; Fidler & Bala, 2010). Severely alienated children suffer significant impairments in their cognitive, emotional, and behavioral development (Johnston, Walters, & Oleson, 2005). Higher risk of depression, suicide, substance abuse, and mental illness is noted for alienated children (Baker, 2007; Baker & Ben-Ami, 2010).

Attachment theory may be helpful in understanding the links between early caregiver acceptance or rejection and subsequent beliefs about the self (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969). Bowlby noted that babies form multiple attachment relationships, arranged hierarchically, although they most likely have one or two attachment figures they turn to most frequently. As the baby grows, he or she will

develop multiple attachment bonds with others whom the child can turn to for support and comfort over the lifespan (Ainsworth, 1989). Interactions with caregivers form the basis for psychic representations or internal working models about the worthiness and "lovableness" of the self. Believing that one is unloved by a caregiver becomes a belief that one is unlovable. In PAS, children are told that they are unloved by the other parent, and perhaps by that parent's entire extended family as well. Baker and Verrocchio (2015) found that children consider themselves psychologically abused when their relationship with one parent is not accepted by the other parent, and suggested that these findings were consistent with object relations theory in which the "bad" parent is taken in as an "introject" into the self; or possibly that an alienating parent encourages the child to believe that the other parent does not love him or her. As alienated children suffer the loss of primary attachment figures, including grandparents, a child's perception of being unlovable may be reinforced.

Grandchildren who witness their grandparents being treated with contempt by their parents may be learning life lessons about a family culture that devalues salient extended family relationships. In his definitive book on personality development through the lifespan, American psychiatrist Theodore Lidz (1968) warned:

> Liaisons between grandparents and grandchildren frequently form important influences that convey traits and interests over an intervening generation. The way in which they lead their last years provides an example and a warning to their descendants … Further, how the old people are treated by their children commonly furnishes an illustration to grandchildren of how persons treat parents. (p. 532)

The author suggests an explanation for a possible intergenerational pattern of grandparent alienation and reflection: the manner in which a person treats his/her parents becomes a possible family model, and demonstrates a part of the family culture.

Consequences for Grandparents Cut Off from Grandchildren

There is a growing body of knowledge about the negative impact on targeted parents of being rejected by their children. Research studies and memoirs point to the devastating effects of losing a beloved child, or children, due to parental alienation (Baker & Fine, 2014; Goldberg & Goldberg, 2013). Sadness, depression, anger, and self-blame are all feelings that a parent may experience as a result of being alienated from a child (Goldberg & Goldberg, 2013). This study is premised on the belief that similarly, grandparents will suffer from the loss of contact with their grandchildren. Initial research supports this.

Kruk (1994) reported that grandparents who had lost contact with their grandchildren described reactions common to bereavement. The grandparents in Kruk's study reported deep satisfaction and self-identity in the grandparent role, and enjoyed intense and intimate connections to their grandchildren. When this was lost, one-third of the grandparents reported newly diagnosed physical health problems, and one-half experienced emotional difficulties of profound sadness and sense of loss. Grandparents' experiences of profound grief and loss included fear of never seeing their grandchildren again; worry about the safety and well-being of grandchildren; and sadness at being shut out of family gatherings and events and at not being able to pass on family history and traditions.

Drew and Smith (1999) found that grandparents who attended support groups in Canada and England reported symptoms of bereavement after contact loss with their grandchildren and indicated that stress, anxiety, and grief prohibited them from enjoying their previous pleasurable activities. Further investigating these findings, the authors

(Drew & Smith, 2002) found that decreases in grandparent-grandchild contact predicted decreased quality of life, poorer health, depression, and intrusive thoughts consistent with post-traumatic stress. Parkes (1990) found that sudden primary relationship loss (including with grandchildren) adversely affected physical and emotional health and induced a prolonged grief response as expected by bereavement theory. Drew (2007) reported a range of negative consequences for grandparents experiencing sudden loss of a grandchild, including intense chronic grief, symptoms of posttraumatic stress disorder, cognitive intrusion, mental health problems, lowered life satisfaction, numbness, shock and denial, shame, rejection, betrayal, and depression. Drew (2007) tracked depressive symptoms of over 400 grandparents over 15 years who had lost contact with grandchildren. Building on earlier cross-sectional studies of grandparent depression after contact loss, the author found that mental health progressively worsened for these grandparents as they grew older. Drew (2007) stated that grandparents in such situations could be at risk of suicide, but there is no data available on alienated grandparents and suicide. As noted by Kivnik (1982), "grandparenthood *does* have a real connection to the lives, morale, and the mental health of grandparents" (p. 60).

Boss (1999), as previously noted, described grandparents who lost contact with grandchildren as experiencing "ambiguous loss," and found that a sense of powerlessness over the situation made it difficult for the grandparents to regain mastery over their lives. One paternal grandmother in Ireland stated, "You are in no man's land—because my grandson is not missing or dead. He is out there somewhere and you are looking for him in the crowd all the time, all the time. Everywhere you go, wherever there are kids, you always look" (Doyle, O'Dwyer, & Timonen, 2010, p. 591). The authors pointed out that

social support for grandparents experiencing contact loss with their grandchildren tends to subside over time, leaving negative emotions unresolved after an ambiguous loss. The need is no less great although the support has subsided. Grandparents also suffer from the loss of the grandparent role, the successful enactment of which has been linked, as noted above, to improved life satisfaction and morale (Kivnik, 1982).

Grandparents mourn the profound loss of contact with grandchildren. According to Stroebe and Stroebe (1993), bereavement is consistently described as one of life's most stressful events, affecting physical, social, and psychological well-being. Bereavement increases the risk of major depressive episodes (Brown & Harris, 1989; Zisook & Shughter, 1993), and is a risk factor for impaired immune function (Irwin, Daniels, & Weiner, 1987), more frequent physician visits and poorer physical health (Kapro, Koskenvuo, & Rita, 1987), suicide (Kapro et al., 1987; Luoma & Pearson, 2002), increased use of alcohol and cigarettes (Glass, Prigerson, Kasl, & Mendes de Leon, 1995), and mortality from other causes (Latham & Prigerson, 2004).

The mourning experience of estranged grandparents may indicate the presence of complicated grief (Zhang, El-Jawahri, & Prigerson, 2006). Complicated grief (CG) occurs in 2-7% of bereaved individuals following the death of a loved one (Bui et al., 2015; Shear, 2015), and is defined as a persistent yearning for the lost object; feelings of shock and emotional numbing; a sense of being alone in the company of others; and a belief that life is meaningless as a result of the loss. CG includes symptoms that are analogous to posttraumatic stress and leads to the same level of emotional and physiological distress that accompanied the original loss (Barry, Kasl, & Prigerson, 2001). The longer the individual struggles with CG, the more likely he or she is to

develop significant mental health problems, most notably major depression and anxiety (Boelen, van den Bout, & de Keijser, 2003). Latham and Prigerson (2004) state that CG has been shown in multiple studies to "form a unidimensional symptom cluster comprised of symptoms of separation distress (i.e., yearning for the deceased, excessive loneliness) and traumatic distress (i.e., feelings of disbelief, and a fragmented sense of security and trust)" (p. 351). According to Prigerson and Jacobs (2001), CG symptoms that are elevated and persist for 6 months or more predict "substantial morbidity" such as risk of cancer, cardiac events, increased substance use, and suicidal ideation. CG symptoms are resistant to the passage of time and to treatment with tricyclic anti-depressants, which can be helpful in ameliorating normal bereavement-related depression (Prigerson et al., 1995). The authors also found that increased levels of CG symptomology, in particular, are associated with a greater likelihood of suicidal ideation. CG appears to present a very serious threat to emotional and physical health and well-being.

There is no current diagnostic category in the DSM-5 for bereavement. Persistent Complex Bereavement Disorder (PCBD) is a recently proposed diagnosis included in an appendix of the DSM-5 (American Psychiatric Association, 2013) in a call for further research on bereavement. Proposed PCBD criteria include four primary conceptual dimensions: separation distress; reactive distress and behavior in response to the death; disruptions in personal and social identity; and preoccupation with the circumstances of the death, especially as evoked by loss reminders (American Psychiatric Association, 2013). Diverse perspectives reflected in the literature around grief and bereavement (such as CG) have resulted in the DSM-5 invitation to enhance conceptual, terminological, and

methodological clarity (Kaplow, Layne, & Pynoos, 2014). It is important to determine the nature of the grief experience for grandparents who are cut off from their grandchildren, both to add to a common understanding and to identify the most appropriate interventions.

CHAPTER III

METHODOLOGY

Introduction

The purpose of this study was to attempt to measure the phenomenon of grandparent cutoff and to examine the experience of grandparents who are cut off from their grandchildren. The first procedure initiated for the research was the examination of 104 existing informal questionnaires completed by cut-off grandparents. This procedure was used in order to understand the experience of cut-off grandparents and begin to identify potential constructs and survey items for use in the larger SCOG. The informal questionnaires were developed by AGA board consultants in 2013 and included 45 items in which grandparents were asked about their experience of being cut off from their grandchildren.

In the "Expert Panel" pilot study phase of the research, the researcher-created SCOG instrument was developed in order to identify the experience of grandparent-grandchild cutoff. Four existing instruments were also used in the study to determine if grandparent cutoff was associated with depression, suicidal ideation, complicated grief, or poor self-reported health. In addition, demographic information was obtained. The methodology utilized to test the research questions is presented in this chapter. The chapter discusses the following: (a) the grandparent informal questionnaire, (b) the Expert Panel Survey, (c) selection of participants, (d) instrumentation, (e) data collection, and (f) data analysis.

Grandparent Informal Questionnaires

Although a small number of studies have addressed the experience of affected grandparents, there is no existing measure in use to operationalize the construct of grandparent cutoff. Therefore, the initial phase of this study used an informal questionnaire to obtain a richer description and understanding of the experience of cut-off grandparents. The first procedure initiated for the development of an instrument to measure grandparent cutoff was the examination of 104 existing informal questionnaires in order to identify potential survey items for the SCOG. The informal questionnaires were developed by AGA board consultants in 2013, and included 45 items in which grandparents were asked about their experience of being cut off from their grandchildren. When a grandparent initiated contact with AGA headquarters, a welcome email or mail packet was sent to the grandparent that included the optional questionnaire. The researcher used information gathered from the questionnaires to generate a pool of potential survey items that were used to design the SCOG research instrument.

These AGA questionnaires were available on the AGA website and were returned to the AGA director by email or regular mail from 2013-2017. Information from these questionnaires was used to compile the numbers and percentages of grandparents who reported symptoms such as depression, suicidal thinking, nightmares, and difficulty sleeping. In addition, numbers were recorded for grandparents who reported being cut off from their grandchildren; those who reported a good relationship with their grandchildren prior to being cut off; and those who had sought counseling to cope with being cut off.

Expert Panel Survey

To measure grandparent cutoff, the designated independent variable, nine experts in the field of grandparent cutoff, parental alienation, and family estrangement completed the Expert Panel Survey (Appendix A). Each of the experts has published extensively in these areas, and several have works that are considered seminal in the areas of grandparent contact loss with grandchildren and/or parental alienation and estrangement. Five of the panelists are experts in grandparent-grandchild relationships whose research explored the experience of grandparents who experience contact loss with their grandchildren. The remaining four have noted expertise in the fields of family estrangement, child custody, parental alienation, and family therapy. This expert survey consisted of 13 items and requested each expert to rate their agreement regarding whether each item represented an important aspect of the phenomenon of grandparent cutoff. The expert panel consisted of the following individuals:

- **J. Michael Bone,** PhD, is an experienced consultant for cases involving parental alienation and has spent over 25 years working with high-conflict divorce as a therapist, expert witness, mediator, evaluator, and consultant. He was a member of the Scientific and Professional Advisory Board of the Parental Alienation Research Foundation in Washington, D.C., and has served as Special Topics Editor of the *American Journal of Family Therapy*. He has published peer-reviewed articles and book chapters, and is co-author of two books on parental alienation.

- **Glenn Caddy,** PhD, is a psychologist in Ft. Lauderdale, Florida, who has worked in multiple aspects of family law and high-conflict divorce. He has served on the editorial board of a number of scientific journals, and was a series editor for *Advances in Clinical Psychology and Behavioral Medicine.* Dr. Caddy now serves on the editorial board of the *American Journal of Family Therapy*. Dr. Caddy has published more than 100 peer-reviewed scientific manuscripts, numerous monographs, and four books.

- **Joshua Coleman**, PhD, is co-chair of the Council on Contemporary Families and is a psychologist with a private practice in the San Francisco Bay Area. He has served on the clinical faculties of the University of California at San Francisco,

the Wright Institute Graduate School of Psychology, and the San Francisco Psychotherapy Research Group. He is the author of numerous articles and has written four books including *The Marriage Makeover: Finding Happiness in Imperfect Harmony* (St. Martin's Press) and *When Parents Hurt: Compassionate Strategies When You and Your Grown Child Don't Get Along* (HarperCollins).

- **Linda Drew,** PhD, is a professor at the University of Texas at Dallas who has published extensively on grandparents, grandparent-grandchild contact loss, and bullying. Her work includes journal articles on intergenerational role investments of great-grandparents; the impact of parental separation and divorce on grandparent-grandchild relationships; and grandparenting and its relationship to parenting. She is co-author of the seminal work *Implications for Grandparents When They Lose Contact with Their Grandchildren: Divorce, Family Feud, and Geographical Separation* (Drew & Smith, 2002).

- **Abigail Judge,** PhD, is a clinical and child forensic psychologist in Cambridge, MA, who has expertise in issues pertaining to high-conflict divorce, adolescent court involvement, and commercial sexual exploitation/domestic sex trafficking. She is co-editor of two books, including *Overcoming Parent-Child Contact Problems*. She is on the part-time clinical faculty at Harvard Medical School. Her writing has been published in peer-reviewed journals and book chapters, and she is frequently invited to present at regional and national professional conferences.

- **Edward Kruk,** PhD, is Associate Professor of Social Work at the University of British Columbia, specializing in child and family policy. As a child and family social worker in Canada and the UK, Dr. Kruk is the author of numerous peer-reviewed research articles and several books, and was the first to explore the impact on grandparents' emotional and physical well-being resulting from contact loss with their grandchildren.

- **Lauren Wild**, PhD, is a professor of psychology at the University of Cape Town, South Africa. Dr. Wild's research interests include family process with a focus on grandparent-grandchild relationships. She has many peer-reviewed articles on this topic and others, including social, emotional and personal development in middle childhood and adolescence, adolescent risk behaviors, and risk and protective factors in psychopathology.

- **Peter Smith,** PhD, is Emeritus Professor of Psychology at Goldsmiths College, University of London. Dr. Smith has authored, co-authored, or co-edited 28 books, and authored or co-authored 198 journal articles and 124 book chapters. Dr. Smith authored *Adolescence: A Very Short Introduction* and *Understanding Children's Development,* and co-edited the *Wiley-Blackwell Handbook of Childhood Social Development.* He is the other co-author of *Implications for Grandparents When They Lose Contact with Their Grandchildren: Divorce, Family Feud, and Geographical Separation* (Drew & Smith, 2002).

- **Abe Worenklein,** PhD, is a clinical and forensic psychologist in private practice in Montreal, a professor at Dawson College, and a lecturer at Concordia University. In addition to his practice in clinical and forensic evaluation and psychotherapy, he has presented on these topics at numerous professional conferences in Canada, the United States, and Europe. Dr. Worenklein is on the committee to have parental alienation accepted into the DSM-V and ICD-11. He is also on the International Board of the *American Journal of Family Therapy*.

Each expert received a list of proposed survey items through SurveyMonkey and was asked to rate each item according to their agreement, expressed as a percentage, that the item adequately measures an aspect of grandparent cut off. In addition, the experts were invited to add comments on each item to provide qualitative commentary and review. Newman, Lim, and Pineda (2013) suggested that such a procedure has a qualitative aspect, in that experts' ratings are based upon their subjective experiences as well as their deep knowledge of and experience with the concepts. This knowledge and understanding was shared through each individual's survey response ratings, and also through the suggestions and comments that were invited on each concept in order to facilitate future understanding of the concepts. The literature reflects that "achieving 80% agreement is sufficient for having confidence in an instrument when estimating face, content, and expert judge validity" (Newman, Newman, & Newman, 2011, p. 250). Constructs scored at expert agreement of 80% or higher were included in the SCOG.

Table 1

Proposed Survey Items with Expert Panel Agreement per Item

Proposed Item	Percentage of Agreement
Face-to-Face Contact-Current	90
Physical Proximity-Current	76
Face-to-Face Contact-Prior	90
Physical Proximity-Prior	81.3
Emotional Closeness-Prior	92
Length of Time of Cut Off	93
Persons Responsible	95

Adult Child Is Cut Off	96
Death of Adult Child	81.3
Divorced Adult Child's Other Parent	45
Overall Wellbeing	90
Contact Has Been Restored	87.5
Adequacy of Current Level of Contact	83.3

Selection of Final Items for the SCOG

As shown in Table 1, the expert panelists' ratings averaged 80% agreement or greater on all but two items. The first of these items was "What is your physical proximity to the grandchildren from whom you are cut off?" One of the experts commented that they were not certain if proximity mattered because geographical distance may be more difficult for older people to overcome. However, Drew and Smith (1999, 2002) and Kruk (1995) found that one of the life events resulting in grandparent-grandchild contact loss was relocation of grandchildren or grandparents, or geographical separation. Other causes for contact loss included family feuding and parental separation and divorce. Drew and Smith (1999) used proximity as one of three measures of the grandparent-grandchild relationship. The proximity survey item was endorsed at 90% by four of the five experts who had previously published in the field of grandchild-grandparent contact loss, which suggests the item was likely more familiar to these experts than to the parental alienation/child custody/family therapy experts. As a result, the item was included in the larger SCOG survey.

The second question that did not receive 80% agreement was "I was cut off from my grandchildren when I became divorced from or broke up with my adult child's other parent." This item refers to a breakup or divorce of the grandparent and the adult child's other parent, which may in fact have occurred at any time after the now-adult child was conceived. One of the parents may have been alienated through a campaign of

denigration by the other parent, and become a grandparent who is also alienated from his or her grandchildren. This is the phenomenon first identified by Richard Gardner as PAS. Gardner defined PAS as a campaign of denigration by one parent against the other parent, which results in a child's unjustified rejection of a parent (Gardner, 1985, 1987, 1992, 1999, 2002). Although this question cannot imply causality regarding why the cutoff occurred when the divorce occurred, endorsement of this question by respondents may suggest the presence of parental alienation as described by Gardner and others. Therefore it was decided to include this question in the larger survey despite not meeting the 80% criterion.

Comparison Sample

The final procedure undertaken for the study was administering portions of the survey to a comparison group of 18 grandparents who reported that they were *not* cut off from their grandchildren. Results from the grandparent comparison group were compared with the AGA sample group to determine differences between the two groups in depression, suicidal thinking, complicated grief, and self-reported health. Once the participants selected the item "I am not cut off from my grandchild(ren)," they were brought to the portion of the survey that included the measures for depression (BDI-II), complicated grief (ICG-R), suicidal ideation (SBQ-R), and self-reported health (SRH).

In addition to surveying both a comparison group and a group of grandparents associated with AGA, identifying the levels of depression, complicated grief, suicidal ideation, and physical health among the general population of older adults is important. Although there is a large amount of research on normal grief in older adults, little information is available regarding the prevalence of CG for this age group (Glass, 2005).

One population-based study estimated CG in older adults at 2.4% (Fujisawa et al., 2010). Newson, Boelen, Hek, Hofman, and Tiemeier (2011) evaluated 5,741 older adults and found that 4.8% experienced CG.

According to the Centers for Disease Control and Prevention (2017), the rate of depression for older adults (age 65 and older) ranges from 1-2%. The National Institute of Mental Health (2019) estimated the 1-year prevalence of major depressive episodes to be 5.1% among Americans aged 50 years and older in 2013. Authors Hasin, Goodwin, Stinson, and Grant (2005) reported that at any given time in community samples of older adults the prevalence of depression ranged from 1-5% "in most large-scale epidemiological investigations in the United States and internationally" (p. 366). Depression prevalence rates did not show much difference by race or ethnicity, with the exception that Hispanic older women may evidence higher rates of depression than non-Hispanic whites (Swenson, Baxter, Shetterly, Scarbro, & Hamman, 2000).

A particular concern related to depression in older adults is the potential association with suicide. Depression in this age group is more associated with suicide than any other age group (Conwell & Brent, 1996). According to the American Association for Marriage and Family Therapy (2019), older adults comprise 12% of the population in the United States but account for 18% of deaths by suicide. Conejero, Olie, Courtet, and Calati (2018) performed a literature search of the most current studies on suicide risk in older adults, and found that suicide rates increased with age and were estimated at 48.7/100,000 for older men in the US. For both men and women, suicide rate prevalence throughout the lifespan was identified as higher in young olds, ages 65-74,

compared to middle olds, ages 75-84 (Koo, Kolves, & DeLeo, 2017). Conejero et al. (2018) concluded that suicidal behavior in older adults is a major public health issue.

Purposive random sampling was used in the current study. The SCOG was administered to a group of grandparents connected through an e-mail contact list with AGA. Approximately 3,600 grandparents had requested to be placed on the AGA electronic mailing list since 2011, and this group comprised the sampling frame. These individuals received an email invitation to participate with a cover letter introducing the study and researcher (see Appendix B) and an informed consent form (see Appendix C). Participants selected "I agree" or "I do not agree" to confirm consent or refusal to participate in the study. Once the "I agree" button was clicked, the participant was directly linked to the survey. By clicking on the "I agree" button and by submitting a completed survey, participants gave their permission to use their data records in this study. If "I do not agree" was selected, the participant immediately departed the site. The guidelines outlined information regarding the right of each participant to decline to participate, to discontinue participation at any time, and to retain confidentiality in participating.

Instrumentation

Measures

Data were obtained by administering the Beck Depression Inventory-II (BDI-II), Suicidal Behaviors Questionnaire (SBQ), Complicated Grief Assessment (CGA)-Revised (ICG-R), and Self-Reported Health (SRH). These instruments were combined into the larger SCOG (Appendix B) and are described below.

Beck Depression Inventory-II. The BDI-II is a self-report measure of the presence and severity of depression in adolescents and adults. It was revised from the original BDI in 1996 to reflect changes in the formulation of depression in the Diagnostic and Statistical Manual of Mental Disorders. The instrument contains 21 items, which assess depressive symptoms on a Likert scale of 0-3. BDI-II total scores have been correlated with scores on other instruments, including the Scale for Suicide Ideation (r = .37, n = 158), the Beck Hopelessness Scale (r = .71, n = 87), and the Hamilton Depression Rating Scale (r = .71). Reliability of the BDI-II yields a coefficient alpha of .92 for an outpatient population and a test-retest correlation of .93 (Beck, Brown, & Steer, 1996), indicating it is not overly sensitive to daily mood fluctuations. The scale has been used with populations from adolescents to the elderly, and with many different cultural groups. The BDI-II also evidences good internal consistency (a = .91; Beck, Steer, & Raneiri, 1996).

Suicide Behaviors Questionnaire. The Suicide Behaviors Questionnaire (Linehan, 1981) is a self-report measure of suicidal thoughts and behaviors. In 1988, a shortened version, the SBQ-R, was used by Cole (1988); it consists of four questions that use a Likert scale to measure the frequency of suicidal thoughts and the communication of suicidal thinking to others. The SBQ-R has adequate internal consistency in clinical (Cronbach alpha = .75) and nonclinical samples (Cronbach alpha = .80) and high test-retest reliability (r = .95) over a 2-week period (Cotton, Peters, & Range, 1995). The SBQ-R is correlated with other measures of suicidal ideation, including the Scale for Suicide Ideation (r = .69; Cotton et al., 1995). Empirical support has been established for

using the SBQ-R as a risk measure of suicide for the elderly in clinical and non-clinical settings (Osman et al., 2001; Rowe, Walker, Britton, & Hirsch, 2013).

Complicated Grief Assessment. CG was assessed using the CGA (Prigerson, Maciejewski, et al., 1995). A seminal researcher of complicated grief, Prigerson developed a scale called the Inventory of Complicated Grief (ICG), a 19-item questionnaire that assesses symptoms of separation distress and traumatic distress. Prigerson, Frank, et al. (1995) found that "the ICG, a scale with demonstrated internal consistency, and convergent and criterion validity, provides an easily administered assessment for symptoms of complicated grief" (p. 75). Of note is that the Prigerson, Frank, et al. (1995) study was tested using "bereaved elders" as participants, in which test-retest reliability was 0.80.

The ICG was not used in this study because 15 of the 19 items refer to the grief-related symptoms as specifically related to a death, not cutoff or other types of loss. The CGA was later developed by ICG authors Prigerson, Maciejewski, et al. (1995) in response to a call for criteria for CG proposed for DSM-V, and involved four criteria sets, labeled A, B, C, and D, that needed to be met for a CG diagnosis. All items for Criteria A, C, and D were included in this study, representing yearning for the lost person, impairment in functioning and daily activities, symptom clusters from Criteria B, and "yearning" lasting for 6 months or more. However, only five of the eight Criteria B items were used in this study because the three remaining items were worded to specifically apply to loss due to death. Given that three of the items in Criteria B were not used, the validity of this part of the measure was compromised: i.e., it became more difficult for grandparents to meet criteria for CG diagnoses.

Self-Reported Health. Assessing the health of a population has led to searches for cost-effective and accurate measures. Physical health measures can include objectively reviewing medical records, performing physical exams and EKGs, routine laboratory tests, and chest X-rays, with the use of specially trained clinical evaluators. A critical review of 19 disease comorbidity measures was completed by deGroot, Beckerman, Lankhorst and Bouter (2003), who described and assessed objective health measure indexes, including the extensively studied Charleson Index and the Cumulative Illness Rating Scale (CIRS). CIRS provides a cumulative score by having a CIRS-trained health care provider complete a comprehensive evaluation of patient medical problems by organ system (Linn, Linn, & Gurel, 1968).

Such health measures are costly and administratively challenging to administer (Kuhn, Rahman, & Menken, 2006). Of significance to this study, these authors found that while objective measures are frequently assumed to be superior to self-reported health measures, the objective measures were not better predictors of mortality: "The self-reported and observed measures were similar in predicting mortality at older ages, while self-reports were the only significant predictors of mortality at younger ages" (Kuhn et al., 2006, p. 12). Self-reported health status was seen as a good predictor of future disability, hospitalization, and mortality in other studies that used both middle-aged and older participants (Boardman & Hoff, 2012; Idler & Benyamini, 1997).

For this study, self-reported health (SRH) was assessed with the simple question "What is your subjective day-to-day experience of health?" and participants indicated "good," "fair," or "poor." In order to determine possible physical effects on grandparents of losing contact with grandchildren, another SRH item asked, "What was your

subjective day-to-day experience of health prior to being cut off from your grandchildren?"

Survey for Cut-Off Grandparents. The SCOG included seven items developed in prior phases of the research, regarding the amount of current direct, face-to-face contact with grandchildren, and such contact prior to being cut off. Questions regarding physical proximity to grandchildren, both current and prior to cutoff, were also included. In addition, grandparents were asked to describe their emotional closeness to their children prior to being cut off. These items were considered "relationship" variables and referred to direct contact, geographical closeness, and emotional closeness.

An additional eight items on the SCOG defined and identified potential pathways to loss of contact between grandparent and grandchild. Items attempting to identify potential pathways included questions about how the cutoff occurred (through divorce, death of the adult child, or parental alienation of the adult child or the grandparent) and who was most responsible for the cutoff.

Demographic Information

Grandparents were asked on the survey to provide information on six demographic variables: age, race, ethnicity, marital status, gender identity, and educational status. Hughes, Camden, and Yangchen (2016) provided reworked questions designed to elicit demographic information that better reflects the intricacy of participants' identities, which were included within the SCOG (Appendix D).

Data Collection

Surveys were emailed to 3,600 individuals on the AGA electronic mailing list. These individuals had previously contacted AGA headquarters and regularly received

monthly AGA newsletters and informational emails. These individuals received an email with a cover letter introducing the study and researcher (see Appendix B) and an informed consent form (see Appendix C). Participants selected "I agree" or "I do not agree" to confirm consent or refusal to participate in the study. Once the "I agree" button was clicked, the participant was directly linked to the survey via SurveyMonkey. By clicking on the "I agree" button and by submitting a completed survey, the participant gave their permission to use their data record in this study. If "I do not agree" was selected, the participant immediately departed the SurveyMonkey site.

Data Analysis

Survey data were collected online using SurveyMonkey. The data were downloaded to an Excel file and reviewed for completeness. Surveys that were abandoned prior to being completed were eliminated from the sample. Surveys with scattered missing data were allowed, although respondents were eliminated from the sample if they did not complete the first six questions measuring degree of cutoff from their grandchildren. Open-ended responses were coded and added to responses that were already assigned codes in the survey. Once open-ended responses were coded, survey data were uploaded into an SPSS data file, and all data manipulation, coding, scoring, and analysis were executed using IBM SPSS Statistics. An exploratory factor analysis, specifically a principal components factor analysis with Promax rotation, was used to determine how to best form a scale to measure degree of cutoff using the first six questions in the survey. Items for the BDI-II, SBQ, and CGA were recoded and reverse-coded according to published scoring protocols for those instruments, and scales were computed for each of those measures. An additional measure was computed to measure

change in health after the respondents' experience of cutoff by subtracting self-reported health before the cutoff from self-reported current health. Means and standard deviations were presented for all scales, and they were assessed for normality using *z*-scores formed by dividing skewness by the standard error of skewness (West, Finch, & Curran, 1995). Since the scales were not normally distributed, nonparametric Spearman correlations were used. An alpha of .05 was used as the level of statistical significance. Frequencies and percentages were presented to describe the items on the SCOG, as well as to summarize the demographic characteristics of the sample.

A small normed sample of 18 grandparents who were not cut off from their grandchildren was compared to the subsample of grandparents who reported being completely cut off. The two samples of grandparents were compared on levels of depression, suicidal behavior, complicated grief, and current health. Mann-Whitney U tests were used to make the comparisons because the distributions were not normal.

In summary, the study methodology was presented in this chapter. The first procedure initiated for the research was the examination of 104 existing informal questionnaires completed by cut-off grandparents in order to identify potential constructs and survey items for use in the larger survey. In the "expert panel" phase, experts in the fields of family estrangement, alienation, and grandparents provided input regarding potential survey items. In addition to demographic information, four existing instruments were also used in the study to determine if grandparent cutoff was associated with depression, suicidal ideation, complicated grief, or poor self-reported health. Finally, the data collection and analysis were described.

CHAPTER IV

FINDINGS

Introduction

This chapter reports on the findings of the data analysis. Included is a discussion of possible ethical considerations involved in the research, a discussion of the findings from the Grandparent Informal Questionnaire, findings from the expert panel regarding items for the SCOG, correlations between the various constructs and demographic statistics, and hypothesis testing.

Grandparent Informal Questionnaire

The first procedure initiated for the research was the examination of 104 existing informal questionnaires developed by AGA board consultants in 2013, which included 45 items in which grandparents were asked about their experience of being cut off from their grandchildren. The surveys were available on the AGA website and were returned to the AGA director by email or regular mail from 2013-2017. Information taken from these surveys included the numbers of grandparents who reported symptoms such as depression, suicidal thinking, nightmares, and difficulty sleeping, as well as the number of grandparents who reported being cut off from their grandchildren, reported a good relationship with their grandchildren prior to being cut off, and sought counseling to cope with being cut off.

Ages of the 104 respondents ranged from 43 to 86 years old, and the length of time they were cut off ranged from 1 month to 15 years. Responses pertaining to depression, suicidal thinking, nightmares, and difficulty sleeping were tabulated by

number of respondents who reported each item and the corresponding percentage of the total (Table 2).

Table 2

Items Reported by Grandparents on AGA Informal Surveys

Item	*N* (104 Total)	%
Cut Off Completely from Grandchildren	60	62.4
Trouble Sleeping	85	88.4
Nightmares	65	67.6
Suicidal Ideation	29	30.16
Depression	89	92.6
Good Relationship Prior to Cutoff	73	76.0
Sought Counseling to Cope	60	62.4

The second phase of the pilot study was the Expert Panel Survey, and consisted of inviting nine experts in the fields of grandparent cutoff, alienation, and estrangement to rate and assess the potential survey items. Items achieving 80% agreement or greater were used to create the SCOG for use in the final study phase. Data from the SCOG, as well as from the established measures of depression, complicated grief, suicidal thinking, and self-reported health, are presented in this chapter in addition to descriptive statistics on the research participants.

Ethical Considerations

Ethical issues for the study include the primary necessity of avoiding harm to participants. This was addressed by obtaining informed consent and disclosing the study purpose. The use of SurveyMonkey to disseminate the surveys provided additional privacy insurance for participants, in that no records were kept of participant IP addresses or linkages that could potentially identify participants. The researcher was blind regarding the association between participant names and numbers assigned, and all data

were stored in a password-protected electronic format. SPSS was used to randomly assign numbers to the randomly selected participants. A research cover letter (Appendix B) was provided to each participant, which explained the purpose of the research, the procedures, any foreseeable risks, and possible benefits to participating. In addition, a statement of informed consent was provided (Appendix C) describing how confidentiality was maintained, that participation was voluntary and refusal to participate had no penalty, and that participants could discontinue their participation at any time. The contact information of the researcher was included in the event that participants requested information or required assistance.

The 104 informal questionnaires collected by AGA since 2013 indicated in a preliminary reading that half of respondents considered suicide due to being cut off from grandchildren. It was possible that feelings of sadness, depression, and hopelessness could emerge for participants as they completed the surveys. Thus, participants were provided with contact information for the researcher and the researcher's doctoral supervisor as well as for the National Suicide Prevention Hotline.

Sample Description

A total sample of 377 grandparents completed the online survey. Their demographic characteristics are summarized in Table 3. As shown, the majority of respondents (88.3%) were female, and 75.6% were between 50 and 70 years of age. Over 90% of the respondents were white and resided in North America. Over half (59.7%) reported achieving an AA or more advanced degree. More (60%) of the grandparents were married or in a domestic partnership, although over a quarter (27.8%) reported being divorced or separated.

Table 3

Demographic Characteristics of the Sample

Characteristic		Frequency	Percentage
Gender	Male	36	9.5
	Female	333	88.3
	Transgender	1	0.3
	Do not identify as either	1	0.3
	not specified	6	1.6
Age	41-50	11	2.9
	51-60	91	24.1
	61-70	194	51.5
	71-80	73	19.4
	81-90	2	0.5
	not specified	6	1.6
Ethnicity	American Indian/Alaska Native	5	1.3
	Asian	1	0.3
	Hispanic	3	0.8
	White	342	90.7
	Other	8	2.1
	African American	18	4.8
Residence	Africa	3	0.8
	Europe	11	2.9
	North America	345	91.5
	Oceania	8	2.1
	South America	1	0.3
	The Caribbean	1	0.3
	not specified	8	2.1
Educational Level	Some high school	8	2.1
	High school diploma or equivalent	31	8.2
	Vocational training	13	3.4
	Some college	92	24.4
	Associate's degree	48	12.7
	Bachelor's degree	83	22
	Master's degree	63	16.7
	Specialist degree (e.g., EdS)	24	6.4
	Doctoral degree	7	1.9
	not specified	8	2.1
Marital Status	Single, never married	3	0.8
	Married	217	57.6
	Domestic partnership	9	2.4
	Widowed	36	9.5
	Divorced	100	26.5
	Separated	5	1.3
	not specified	7	1.9

Survey of Cut-Off Grandparents

The Survey of Cut-Off Grandparents included several questions designed to ascertain the degree of cutoff being experienced by the grandparents, as well as questions regarding the nature and origins of the cutoff. Six questions were chosen to develop an overall score measuring the degree of cutoff. Many of the responses to these questions were open-ended, and were coded using 4-point Likert scales. Table 4 provides a summary of the six questions. The first three questions measured current cutoff and were scored so that higher values represented more cutoff. The last three questions measured prior contact and were scored so that higher values represented emotionally closer contact. Prior frequency had one extra code for the situation where the grandparent had contact with the grandchild every day.

Table 4

Questions Measuring Degree of Cutoff

	Frequency	Percentage
Current frequency of contact		
1 weekly	10	2.7
2 less than weekly but more than every 6 months	35	9.3
3 every 6 months or less	46	12.2
4 none	286	75.9
Current physical proximity		
1 within 5 miles	75	19.9
2 same town	75	19.9
3 same state	89	23.6
4 out-of-state or further or unknown	138	36.6
Duration of cutoff		
1 less than 1 year	40	10.6
2 1-2 years	54	14.3
3 2-5 years	147	39
4 5+ years/never had contact	136	36.1
Prior frequency of contact		
1 none	40	10.6

2	every 6 months or less	40	10.6
3	once a month to 3 times a year	65	17.2
4	weekly	129	34.2
5	5-7 days a week	103	27.3
Prior physical proximity			
1	out-of-state or further or unknown	73	19.4
2	same state	80	21.2
3	same town	79	21
4	within 5 miles	145	38.5
Prior emotional closeness			
1	not at all	66	17.5
2	somewhat	23	6.1
3	very	94	24.9
4	extremely	194	51.5

A principal components factor analysis with Promax rotation was conducted and indicated that the six questions formed three factors with eigenvalues above 1, but the variables did not load uniquely on the three factors. A second factor analysis which eliminated current proximity formed two factors with eigenvalues above 1. The three questions concerning prior closeness loaded highly on the first factor, and current frequency of contact and duration of cutoff loaded highly on the second factor. Both factors explained 63.7% of the variance in the five questions. Table 5 shows the factor loadings for the five questions.

Table 5

Factor Loadings for Five SCOG Questions

	Factor 1: Prior Closeness	Factor 2: Current Cutoff
Current frequency of contact	0.061	**0.803**
Duration of cutoff	-0.058	**0.763**
Prior frequency of contact	**0.905**	-0.010
Prior physical proximity	**0.703**	0.035
Prior emotional closeness	**0.799**	-0.020

Based on these findings, three scores were formed to measure the degree of cutoff: Current Cutoff, Prior Closeness, and the sum of these two variables, a Total SCOG score. The total score was formed based on the premise that current cutoff would be experienced more acutely depending on the level of the grandparents' prior closeness.

Table 6

Reliability Statistics

	N of Items	Cronbach's Alpha	Mean Inter-Item Correlation
Prior Closeness	3	0.730	0.469
Current Cutoff	2	0.361	0.227
Overall SCOG	5	0.451	0.112

Scale statistics are shown for the three scores in Table 6. The Cronbach's alpha coefficients were low, which was to be expected, given the small number of items. Briggs and Cheek (1986) suggested that mean inter-item correlations are a better measure of internal consistency reliability for scales with few items, and recommended .20 as the minimum acceptable level for the mean inter-item correlation. As shown in Table 6, both subscales have mean inter-item correlations above .20, while the overall SCOG has a low mean inter-item correlation. This is likely due to the fact that the overall scale contains items from the two diverse factors illustrated in Table 5.

Table 7

Persons Responsible for the Cutoff

	Frequency	Percentage
Daughter-in-law	163	43.2%
Daughter	107	28.4%
Son-in-law	59	15.6%
Son	48	12.7%
My ex	17	4.5%

Ex-son-in-law/ex-daughter-in-law	15	4.0%
Mother-in-law	7	1.9%
State/judge	3	0.8%
Stepson/stepdaughter	3	0.8%
New wife/husband of ex-son- or daughter-in-law	3	0.8%
Counselor	2	0.5%
Child's aunt	2	0.5%
Other grandparents	2	0.5%
Foster/adoptive parents	2	0.5%
Stepmother	1	0.3%
Granddaughter	1	0.3%
Myself	1	0.3%

Respondents were asked to specify the person(s) they believed were most responsible for the cutoff. Table 7 shows the responses ordered from most to least prevalent, and includes additional persons specified by 59 of the respondents. Daughter-in-law was the most frequently mentioned person responsible for the cutoff, followed by daughter, son-in-law, and son. A smaller percent of respondents reported that an ex-son-in-law or ex-daughter-in-law was responsible for the cutoff.

Other aspects of the cutoff were discovered in responses to the three questions detailed in Table 8. These survey questions were included in an attempt to identify potential pathways to grandparents being cut off from grandchildren.

Table 8

Potential Pathways to Cutoff

	Frequency	Percentage
My adult child is cut off from contact with his or her children (my grandchild/ren) by a spouse/partner, or former spouse/partner.	163	43.2%
I became cut off from my grandchild(ren) when my adult child died.	107	28.4%

I was cut off from my grandchild(ren) when I became divorced from (or broke up with) my adult child's other parent.	59	15.6%

Nearly half (43.2%) of the respondents indicated that they were cut off when their adult child was cut off from their child(ren) by a spouse/partner or a former spouse/partner. In other words, the grandparent was cut off *along with* their adult child when the adult child was cut off from their child(ren) by a current or former partner or spouse. Almost a third (28.4%) of surveyed grandparents reported being cut off when their adult child died. A third set of grandparents (15.6%) reported being cut off from their grandchildren when they divorced or broke up with their adult child's other parent. Such a situation could occur in the case of parental alienation where one parent is alienated from his or her child by the other parent. Parental alienation is a campaign of denigration by one parent against the other "rejected" parent, which in severe cases results in the rejected parent being cut off from contact with their child (Baker, 2007; Baker & Darnall, 2007; Clawar & Rivlin, 1991; Warshak, 2003, 2010, 2012). As the child becomes older and has children of his or her own, the grandparent can remain cut off from both their adult child and the grandchild(ren).

While such alienation and cutoff are described generally within the context of high-conflict parental divorce, family systems theory suggests that cutoff has no age limits. A grandparent may have been cut off when their now adult child was of minor age, or older, and may have never been allowed to meet the grandchild(ren) due to being alienated. This would generally have occurred in the context of a high-conflict divorce and custody dispute. Or the grandparents may have divorced when the children were

adults and followed a similar pattern whereby one grandparent turned their adult child or children against the other grandparent, this affecting access to the grandchild(ren).

The survey asked the grandparents to note the ways that they had attempted to communicate with their grandchildren. Those responses are summarized in Table 9.

Table 9

Attempted Forms of Communication

	Frequency	Percentage
Phone	242	64.2%
Text	193	51.2%
Email	182	48.3%
Gifts	275	72.9%
Letters	222	58.9%
FaceTime	14	3.7%
Face-to-face	25	6.6%

Table 9 shows that the grandparents surveyed attempted a variety of means of communication with their grandchild(ren). The largest number of grandparents attempted to provide gifts, followed by phone calls, letters, texts, and email. Smaller numbers of grandparents reported having attempted face-to-face contact and FaceTime calls.

A total of 101 grandparents (26.8% of the sample) reported that, although they were cut off from their grandchild(ren), some degree of contact had been restored. These respondents were then asked how satisfied they were with the current amount of contact with their grandchild(ren). As shown in Table 10, the level of satisfaction was quite poor, with nearly three-quarters reporting being dissatisfied or very dissatisfied.

Table 10

Satisfaction with Current Amount of Contact for Those Who Reported Restored Contact

	Frequency	Percentage
Very satisfied	2	2.0
Satisfied	11	10.9
Neither satisfied nor dissatisfied	14	13.9
Dissatisfied	22	21.8
Very dissatisfied	52	51.5
Total	101	100

The survey included three questions regarding the respondents' subjective experience of their physical health currently and prior to losing contact with their grandchild(ren), as well as a question regarding how much they felt their current overall health and well-being had been affected by the cutoff. As shown in Table 11, the percentage of grandparents who reported being in good health currently was reduced by nearly half compared to the percentage who reported good health prior to the cutoff.

Table 11

Self-Reported Health Currently and Prior to Losing Contact with Grandchild(ren)

Health Measures	Frequency	Percentage
Current self-reported health		
Good	167	44.3%
Fair	167	44.3%
Poor	42	11.1%
not answered	*1*	*0.3%*
Self-reported health prior to cutoff		
Good	310	82.2%
Fair	58	15.4%
Poor	7	1.9%
not answered	*2*	*0.5%*
Overall health and well-being as affected by the cutoff		
Not affected at all	14	3.7%
Not so affected	31	8.2%

Somewhat affected	128	34.0%
Very affected	113	30.0%
Extremely affected	87	23.1%
not answered	*4*	*1.1%*

A total of 274 (72.7%) of the grandparents reported that they had sought counseling due to being cut off from their grandchild(ren). A series of questions were asked of these respondents. Their answers are summarized in Table 12.

Grandparents who reported having sought counseling were divided as to the effectiveness and helpfulness of the counseling. While a majority found the counseling extremely, very, or somewhat helpful in managing their feelings about being cut off from grandchildren, over a third found the counseling "not so effective" (21.9%) or "not at all effective" (16.4%). Few grandparents found counseling to be helpful in resolving the cutoff, with 35.9% of grandparents finding the counseling to be somewhat, very, or extremely helpful in resolving the cutoff.

Table 12

Counseling and Support Group Experiences

	Frequency	Percentage
Was the counseling effective in helping you manage your feelings?		
Extremely effective	20	7.3
Very effective	41	15
Somewhat effective	108	39.4
Not so effective	60	21.9
Not at all effective	45	16.4
Total	274	
Was the counseling helpful in helping you resolve the cutoff?		
Not at all helpful	95	34.8
Not so helpful	80	29.3
Somewhat helpful	74	27.1
Very helpful	18	6.6
Extremely helpful	6	2.2

Total	273	100
How knowledgeable was the counselor about the phenomenon of grandparent cutoff?		
Not at all knowledgeable	51	18.9
Not so knowledgeable	56	20.7
Somewhat knowledgeable	85	31.5
Very knowledgeable	55	20.4
Extremely knowledgeable	23	8.5
Total	270	100
If you have attended a support group for cut-off grandparents, was it helpful?		
Not helpful at all	14	7.8
Not so helpful	28	15.6
Somewhat helpful	75	41.7
Very helpful	31	17.2
Extremely helpful	32	17.8
Total	180	100

A third question in this section asked grandparents about their counselors' knowledge of the phenomenon of grandparent cutoff. Grandparents found 60.4% of counselors were either somewhat (31.5%), very (20.4%) or extremely (8.5%) knowledgeable, with the remaining 40% being not at all (18.9), or not so knowledgeable (20.7). The final item in this section was a question regarding the perceived helpfulness of attending a support group specifically formed for cut-off grandparents. Almost three-fourths (76.7%) of respondents indicated they found the group(s) to be somewhat, very, or extremely helpful.

Preliminary Analyses

In order to test the study hypotheses regarding the effects of cutoff, the survey included three additional measures reflective of psychological well-being: the BDI-II, the SBQ-R, and the CGA. Summary statistics for these measures to be used for hypothesis testing are shown in Table 13. The distributions were assessed for normality using *z*-

scores formed by dividing skewness by the standard error of skewness (West et al., 1995). As shown in the table, most of the measures had *z*-scores (SK/SE) over 3.0, indicating some level of skewness.

Table 13

Summary Statistics for Measures Used to Test Study Hypotheses

	N	Mean	*SD*	Skewness	*SE*	*SK/SE*	
Survey of Cutoff Grandparents (SCOG)							
Current Cutoff	377	6.62	1.36	-1.05	0.13	-8.35	*
Prior Closeness	377	9.46	2.87	-0.62	0.13	-4.88	*
SCOG Total	377	16.08	3.00	-0.36	0.13	-2.85	
Beck Depression (BDI-II)	377	19.55	12.74	0.62	0.13	4.94	*
Suicide Behaviors Questionnaire Revised (SBQ-R)	375	6.06	3.63	1.19	0.13	9.46	*
Complicated Grief Assessment (CGA)	377	3.65	2.67	0.22	0.13	1.75	
Self-Reported Health Measures							
Current Health	376	2.33	0.67	-0.50	0.13	-3.98	*
Health Before Cutoff	375	2.81	0.44	-2.21	0.13	-17.56	*
Effect of Cutoff on Health/Well-Being	373	3.61	1.05	-0.40	0.13	-3.14	*

* *z*-scores (SK/SE) over 3.0

Since several of the measures were ordinal, and because of the number skewed distributions, Spearman nonparametric correlations were chosen to test the hypotheses.

Hypothesis Testing

Hypothesis I was that scores on the SCOG would be positively correlated with scores on the BDI-II, SBQ-R, and CGA. This hypothesis was tested using Spearman correlations between the three SCOG scores and the three other measures reflecting psychological well-being. The results are presented in Table 14.

Table 14

Spearman Correlations between the SCOG, BDI-II, SBQ-R, and CGA

	BDI (n = 377)	SBQR n = 375)	CGA (n = 377)
Current Cutoff	-0.067	-0.087	-0.102*
Prior Closeness	0.156**	0.095	0.241***
SCOG Total	0.147**	0.066	0.202***

* $p < .05$, ** $p < .01$, *** $p < .001$

A small but significant negative correlation was found between the level of current cutoff and the complicated grief assessment score. Current cutoff was not significantly related to scores on the BDI-II or SBQ-R. Significant positive relationships were found for the Prior Closeness score and the SCOG total score with both the BDI-II and CGA scores, indicating that current levels of depression and grief being experienced by the grandparents were associated with how close they used to be with their grandchildren. These results support partial rejection of the null hypothesis. Specifically, the degree of cutoff, as measured solely by frequency of current contact and duration of cutoff was not found to be positively related to depression, suicidal behaviors, or CG. However, positive relationships with levels of depression and CG were found when degree of cutoff was combined with level of prior closeness in the SCOG total score.

Hypothesis II was that SCOG scores would be negatively correlated with self-reported health. This hypothesis was tested using Spearman correlations between the three SCOG scores and two measures of self-reported health. In addition, a measure of decreased health was computed by subtracting self-reported health before the cutoff from self-reported current health. Grandparents with a negative difference score, indicating that they reported better health before the cutoff, were compared to those who reported improvement or no change in health. The results are presented in Tables 15 and 16.

Table 15

Spearman Correlations between the SCOG and Self-Reported Health Measures

	Current Health (n = 376)	Effect of Cutoff on Health/Well-Being (n = 373)
Current Cutoff	0.029	-0.011
Prior Closeness	-0.043	0.195***
SCOG Total	-0.049	0.199***

* $p < .05$, ** $p < .01$, *** $p < .001$

Although the degree of current cutoff, as measured by frequency of current contact and duration of cutoff, was not significantly related to the health measures, two significant relationships were found for prior closeness and the overall SCOG score with the effect of the cutoff on current health and well-being. These two relationships were positive, indicating that the closer grandparents said their prior relationships with their grandchildren were, the more they reported their health and well-being had been affected by the cutoff. These two results support rejection of the null hypothesis, since the positive relationships reflected a greater negative impact on health and well-being.

As shown in Table 16, grandparents who reported a decrease in health after being cut off from their grandchildren had higher scores on all three SCOG measures, although Mann-Whitney *U* tests determined that only the difference in the SCOG total score achieved statistical significance (p = .006). This result supports rejection of the null hypothesis.

Table 16

Comparison of SCOG Measures by Decrease in Self-Reported Health

	Decrease in Health from Before to After Cutoff					
	No (n = 209)		Yes (n = 165)		Mann-Whitney U	
	Mean	*SD*	Mean	*SD*	z	p
Current Cutoff	6.48	1.44	6.77	1.24	-1.73	0.084
Prior Closeness	9.20	2.97	9.81	2.70	-1.93	0.054
SCOG Total	15.68	3.07	16.58	2.84	-2.75	0.006

A small sample of 18 grandparents who were not cut off from their grandchildren was compared to the 255 grandparents who reported that they were cut off and no degree of contact had been restored. The current degrees of contact for the small sample of grandparents are detailed in Table 17.

Table 17

Degree of Contact for Grandparents Who Are Not Cut Off from Their Grandchildren

Degree of Contact	Frequency	Percentage
Daily	4	22.2%
Weekly	3	16.7%
Monthly	7	38.9%
Yearly	4	22.2%
Total	18	100.0%

A series of Mann-Whitney U tests were conducted to compare the two samples of grandparents on levels of depression, suicidal behavior, complicated grief, and current health. As shown in Table 18, the grandparents who were not cut off from their grandchildren reported significantly lower levels of depression, suicidal behavior, and CG. Current level of health was not significantly different for the two groups of grandparents.

Table 18

Comparisons by Cutoff of BDI-II, SBQ-R, CGA, and Current Health

	Cut Off					
	Yes (n = 255)		No (n = 18)		Mann-Whitney U	
	Mean	*SD*	Mean	*SD*	*z*	*p*
Depression (BDI-II)	19.81	13.29	4.44	6.70	-5.39	< .001
Suicidal Behavior (SBQ-R)	6.17	3.83	3.44	0.92	-3.28	0.001
Complicated Grief (CGA)	3.69	2.71	0.50	1.54	-5.31	< .001
Current Health	2.35	0.67	2.67	0.49	-1.94	0.053

Hypothesis I stated that scores on the SCOG would be positively correlated with scores on the BDI-II, SBQ-R, and CGA. This hypothesis was tested using Spearman correlations between the three SCOG scores and the three other measures reflecting psychological well-being. The results are presented in Table 19.

Table 19

Spearman Correlations between the SCOG, BDI-II, SBQ-R, and CGA

		BDI-II	SBQ-R	CGA
Current Cutoff	*rho*	-0.067	-0.087	-0.102
	p	0.195	0.092	0.048
	N	377	375	377
Prior Closeness	*rho*	0.156	0.095	0.241
	p	0.002	0.066	< .001
	N	377	375	377
SCOG Total	*rho*	0.147	0.066	0.202
	p	0.004	0.204	< .001
	N	377	375	377

A small but significant negative correlation was found between the level of current cutoff and the CGA score. Current Cutoff was not significantly related to the BDI-II or SBQ-R score. Significant positive relationships were found for the Prior

Closeness score and the SCOG total score with both the BDI-II and CGA scores, indicating that current levels of depression and grief being experienced by the grandparents were associated with how close they used to be with their grandchildren. These results support partial rejection of the null hypothesis. Specifically, the degree of cutoff, as measured solely by frequency of current contact and duration of cutoff, was not found to be positively related to depression, suicidal behaviors, or CG. However, positive relationships with levels of depression and CG were found when degree of cutoff was combined with level of prior closeness in the overall SCOG total score.

Hypothesis II was that SCOG scores would be negatively correlated with self-reported health. This hypothesis was tested using Spearman correlations between the three SCOG scores and the three measures of self-reported health. The results are presented in Table 20.

Table 20

Spearman Correlations between the SCOG and Self-Reported Health

		Current Health	Health Before Cutoff	Effect of Cutoff on Health/Well-Being
Current Cutoff	*rho*	-0.029	-0.184	-0.011
	p	0.573	< .001	0.832
	N	376	375	373
Prior Closeness	*rho*	0.043	-0.083	0.195
	p	0.410	0.108	< .001
	N	376	375	373
SCOG Total	*rho*	0.049	-0.138	0.199
	p	0.342	0.007	< .001
	N	376	375	373

Although the degree of cut off, as measured by frequency of current contact and duration of cut off, was not significantly related to current self-reported health, it was negatively related to the level of health the grandparents reported prior to being cut off

from their grandchildren. There was also a significant negative relationship between the total SCOG score and prior self-reported health. These results support partial rejection of the null hypothesis. Two additional significant relationships were found for prior closeness and the overall SCOG score with the effect of the cut off on current health and well-being. These two relationships were positive, indicating that the closer grandparents said their prior relationships with their grandchildren were, the more they reported their health and well-being had been affected by the cut off. These two results also support rejection of the null hypothesis, since the positive relationships reflected a greater negative impact on health and well-being.

A set of analyses were conducted within the portion of the sample who reported being completely cut off from grandchildren. Twelve grandparents who reported no current contact were excluded from these analyses, since they offered qualifying comments indicating that there may have been some minimal sporadic contact with some of their grandchildren. Spearman correlations were conducted for these 274 respondents between the BDI-II, SBQ-R, and CGA scores, the degree to which the cut off affected their health, and the individual items regarding cut off, including the duration of cut off, frequency of contact prior to the cut off, and level of emotional closeness with their grandchildren prior to the cut off. Table 21 provides a summary of these results.

A small but significant negative relationship was found between the duration of cut off and CG, indicating that a longer duration was associated with less CG (*rho* = -0.122, $p < .05$). Higher prior frequency of contact was significantly related to higher levels of depression (*rho* = 0.269, $p < .001$), more suicidal thoughts/behaviors (*rho* = 0.140, $p < .05$), greater levels of CG (*rho* = 0.262, $p < .001$), and greater effects on health

(*rho* = 0.239, $p < .001$). Similar relationships were found for the level of prior emotional closeness: greater closeness was significantly related to higher levels of depression (*rho* = 0.172, $p < .01$), greater levels of CG (*rho* = 0.246, $p < .001$), and greater effects on health (*rho* = 0.176, $p < .01$).

Table 21

Spearman Correlations for Respondents Who Reported Complete Cutoff

	N	Duration of Cutoff	Prior Frequency of Contact	Prior Emotional Closeness
Depression (BDI-II)	274	-0.097	0.269 ***	0.172 **
Suicidal Behavior (SBQ-R)	272	-0.081	0.140 *	0.054
Complicated Grief (CGA)	274	-0.122 *	0.262 ***	0.246 ***
Cutoff Affected Health & Well-Being	270	-0.025	0.239 ***	0.176 **

* $p < .05$, ** $p < .01$, *** $p < .001$

In addition, diagnostic categories were applied to the BDI-II and CGA to determine the percentage of grandparents reporting complete cut off who could be categorized as depressed and the percentage who met the criteria to be diagnosed with CG. Based on BDI-II scores of 20 or above, 46.4% reported moderate to severe levels of depression. Furthermore, 12.8% reported sufficient symptomatology on the CGA to be diagnosed as having CG.

Summary

This chapter began with a description of the analysis and statistical tests that were performed with the data gathered. A demographic analysis of the sample followed. An exploratory factor analysis, specifically a principal components factor analysis with Promax rotation, was used to determine which variables describing grandparent cutoff

could be used to formulate a total SCOG score. The factor analysis found that the two variables of Current Cutoff and Prior Closeness revealed a Total SCOG score. Current Cutoff was not significantly correlated with the BDI-II or SBQ-R scores, but positive relationships between Prior Closeness score, SCOG total score, and BDI-II and CGA scores indicated that the variables were correlated to how close grandparents reported being with their grandchildren prior to being cut off. This supports partial rejection of the null Hypothesis I. (Hypothesis 1, stated as a null hypothesis, stated that scores of the SCOG would be negatively correlated with scores on the BDI-II, SBQ-R, and CGA.) Hypothesis II was that SCOG scores would be negatively correlated with SRH. Again, the prior closeness variable and overall SCOG score were significantly related to health and well-being, leading to a rejection of the null Hypothesis II.

A second set of analyses run within the sample portion who reported no contact with grandchildren found that higher prior frequency of contact and emotional closeness was significantly related to higher levels of depression, CG, and greater negative effects on SRH. Forty-six percent of this sample portion reported moderate to severe depression, and 12.8% met the diagnosis for CG on the CGA. Twenty-nine percent met criteria for suicide risk on the SBQ-R for this group. A small normed sample of non-cut-off grandparents was compared to the larger sample of cut-off grandparents. The grandparents who were not cut off from their grandchildren reported significantly lower levels of depression, suicidal behavior, and CG.

When asked who was most responsible for the cut off, respondents selected their daughter-in-law most frequently, followed by daughter, son-in-law, and son. Forty-three percent of grandparents said they were cut off from grandchildren because their adult

child was cut off from contact from their child(ren) by a former spouse or partner. A third were cut off when their adult child died. Sixteen percent were cut off as a result of divorcing their adult child's other parent.

Grandparents reported having used multiple methods in their attempts to contact their grandchildren. The five most used methods were phone, text, email, gifts, and postal letter. Over a quarter of the sample (26.8%) reported that some degree of contact had been restored, although 73% reported being dissatisfied or very dissatisfied with the restored amount of contact. Instruments for measuring depression, suicidal ideation, CG, and self-reported health were scored and correlated with SCOG scores.

Lastly, the chapter included information regarding 72.7% of the sample who had sought counseling to help cope with the cut off. Participants answered several questions about the helpfulness of counseling and support groups. Specifically, respondents were asked about their counselors' knowledge of the phenomenon of grandparent cut off, the counselors' effectiveness or helpfulness in resolving the cut off, and the effectiveness of the counseling in helping manage feelings of the grandparent. In addition, grandparents were asked about the helpfulness of having attended a support group. Counselors were viewed as not overly helpful or knowledgeable about the dynamics of cut off; however, 76.7% of respondents found attending a support group somewhat, very, or extremely helpful.

The next chapter presents a summary, discussion, and conclusions of the study.

CHAPTER V

DISCUSSION

Summary of the Study

This chapter begins with a summary of the purpose and structure of the study, followed by the findings related to grandparents who are cut off from their grandchildren. Conclusions are discussed in relation to the experience of being cut off and the subsequent emotional and physical well-being of such grandparents. Finally, implications for practice and recommendations for further research are presented and discussed.

The purpose of the study was to explore and describe the experience of grandparents who are cut off from their grandchildren. This quantitative research study used an initial pilot study phase to design a survey measure of grandparent cut off. This measure was administered by electronic survey to participants from an electronic mailing list of grandparents associated with AGA, a support group headquartered in Naples, Florida. In addition, established measures of depression, CG, suicidal thinking, and self-reported health were included in the survey.

The study included 395 participants, 377 of whom completed the survey for cut-off grandparents, and 18 of whom comprised a normed sample of grandparents who were not cut off from grandchildren. A demographic breakdown was provided for gender, ethnicity, education, country, and age. The major question guiding this study was regarding the emotional and physical effects on grandparents of being cut off from their grandchildren. The three specific research questions were:

Question 1. How is grandparent cut off measured?

Question 2. How does being cut off from grandchildren relate to grandparent (a) depression, (b) suicidal ideation, (c) complex grief, and (d) self-reported health?

Question 3. Do potential pathways to being cut off include (a) death of adult child, (b) divorce of adult child, (c) geographical separation, (d) parental alienation of adult child, and (e) grandparent divorce?

Question 1 was answered quantitatively using the data obtained from participant responses to items that were selected for survey inclusion in an initial pilot study "expert panel" phase. Factor analyses of these items yielded three scores used to measure the degree of grandparent cut off and form a Total SCOG score. To answer research question 2, three existing instruments were used to measure grandparent psychological well-being; the BDI-II, the SBQ-R, and the CGA. Spearman correlations were used to investigate the relationships between the SCOG and these measures. Grandparents' self-reported health was reported through percentages for grandparents who were currently and previously cut off. In addition, Spearman correlations were conducted between the BDI-II, SBQ-R, CGA, and SRH for grandparents who reported no contact.

Research question 3 was answered by analyses of survey items attempting to identify potential pathways to grandparents being cut off from grandchildren, including death or divorce of the adult child. Results of responses were presented as percentages of the population surveyed.

Additional items in the survey queried participants about the types of communication they had attempted with their grandchildren. Grandparents were also asked questions regarding whether they had sought counseling to cope with the cut off

and the perceived effectiveness of the counseling. These results were also analyzed and expressed in percentages of the population endorsing the item.

Discussion of the Findings

Previous researchers (Drew, 2007; Kivnik, 1982; Kruk, 1995; Smith & Drew, 2002) have identified the importance of relationships between grandchildren and grandparents, and investigated effects on grandparents when these primary relationships are cut off. The goal of my study was to explore specific mental and physical health concerns for grandparents experiencing being cut off.

Research Question One

How is grandparent cut off measured? Addressing this question involved reviewing the results of the Phase 1 pilot study regarding the meaning of being cut off. This study invited participation of experts in the fields of family estrangement, alienation, and family systems therapy to provide feedback regarding proposed SCOG items. Items endorsed by these experts as representing an aspect of grandparent cut off were included in the SCOG. The SCOG was comprised of six questions to develop an overall score measuring the degree of cut off. Factor analysis found that the scores of current frequency of contact, current duration of cut off, and prior emotional closeness formed a Total SCOG score. Spearman correlations were used to determine correlations between the SCOG and the three measures of well-being, the BDI-II, CGA, and SBQ-R.

Research Question Two

How does being cut off from grandchildren relate to grandparent (a) depression, (b) suicidal ideation, (c) complex grief, and (d) self-reported health? The findings resulting from research questions 1 and 2 indicated a positive and significant relationship

between current cut off and depression and CG when degree of cut off was combined with the prior level of closeness. In addition, prior closeness was related to significant negative effects reported for overall health and well-being by grandparents post-cut off. In other words, grandparents experienced greater suffering when they had previously enjoyed emotionally close relationships with their grandchildren. Although suicidal ideation was not significantly related to the SCOG score among the full sample of grandparents, there were significant suicide risks reported for the subgroup of grandparents that reported being completely cut off.

Depression. Based on depression scores as measured by the BDI-II, depression was reported by 46% of grandparents who had no contact with their grandchildren. In addition, the normed sample in this study of grandparents who were *not* cut off from grandchildren reported significantly lower levels of depression. According to the Centers for Disease Control and Prevention (2017), the majority of older adults do not suffer from depression; the rate of depression for adults age 65 and older ranges from 1-2%. The CDC notes that depression is not a normal part of aging and is a treatable medical condition. Fiske, Wetherell, and Gatz (2009) state that late life depression represents a serious public health problem, as it is related to "increased risk of morbidity, suicide, decreased physical, cognitive and social functioning, and greater self-neglect" (p. 364). Certainly, depression represents a serious problem for cut-off grandparents.

Suicidal behaviors. A particular concern related to depression in older adults is a potential association with suicide. Depression in this age group is more associated with suicide than in any other age group (Conwell & Brent, 1996). Although suicidal behaviors were not statistically significant for the full sample (n = 377) of grandparents

surveyed in this study, 29% of completely cut-off grandparents (n = 274) met criteria for respondents at risk for suicidal behaviors according to the SBQ-R.

Complicated grief. Total SCOG scores were significantly related to level of CG for the full sample of 377 grandparents. Among the subsample of 274 grandparents who reported being completely cut off, 12.8% reported sufficient symptomology on the CGA to be diagnosed with CG. The prevalence of CG within the general population was found by Newson et al. (2011) to be 4.8%. As described earlier, this study was only able to utilize five of the eight items for one of the four criteria on this measure because the remaining three applied to death and not to loss or cut off. Therefore, it was somewhat more difficult for participants to meet criteria for a CG diagnosis. It is likely that the actual number of grandparents suffering from CG is greater than what is reflected in the study results. Concepts critical to understanding CG in the literature were nevertheless included in the CG survey measure for this study, including yearning for the loved one, difficulty trusting, feeling emotionally numb, feeling life is meaningless without the loved one, feeling on edge or easily startled, impairment in general functioning, and experiencing any of the symptoms for more than 6 months (Prigerson, Maciejewski, et al., 1995; Shear, 2015). Such challenges to emotional well-being emphasize the importance of prevention, diagnosis, and treatment options for affected grandparents.

Reflecting on the experience of individuals coping with ambiguous loss and complex grief, Boss and Yeats (2014) stated, "Living with someone who is both here and gone—or gone and not for sure—is a bizarre human experience that produces confusion, doubt, and anxiety" (p. 63). According to these authors, physical ambiguous loss is ongoing. A grandchild is physically absent but kept psychologically present because the

grandparent does not know the whereabouts of the grandchild or if they are alive or dead. Hope is ongoing because the possibility of reunion or resolution is present.

Self-reported health. The percentage of grandparents who reported being in good health currently was nearly half of those who reported good health prior to being cut off. These findings are consistent with Kruk (1993) and Drew and Smith (1999, 2002), who reported new physical health problems resulting from reduced or lost grandchild contact. It is unknown if the health problems result from depression, grief, stress, or other variables; however, it appears that being completely cut off from grandchildren can result in health problems that are serious for grandparents

One of the most compelling findings from this study is the differential risk experienced by the subsample of participants who were completely cut off from grandchildren. In the portion of the sample that reported no contact with grandchildren, it was found that higher prior frequency of contact was significantly related to higher levels of depression, more suicidal thoughts/behaviors, greater levels of CG, and greater effects on health. Similar relationships were found for the level of prior emotional closeness: greater closeness was significantly related to higher levels of depression, greater levels of CG, and greater effects on health. Grandparents who have spent significant amounts of time being cut off from grandchildren with whom they were emotionally close prior to cut off appear to suffer significant emotional and physical problems.

Research Question Three

Do potential pathways to being cut off include (a) death of adult child, (b) divorce of adult child, (c) geographical separation, (d) parental alienation of adult child, or (e) grandparent divorce? Almost a third of grandparents in the study reported being cut off

from their grandchild(ren) when their adult child died. Grandparents have very limited or nonexistent visitation rights to grandchildren in most states. The surviving parent has no obligation to maintain intergenerational ties, and may move on to another relationship or marriage; in some cases, the new spouse may adopt the grandchild(ren). One grandparent participant commented, "Not only did I lose my son, but both of my grandchildren also. My daughter-in-law cut ties, moved away, and has refused to let us see or talk to our grandchildren for nine years."

Nearly half of the sample reported that they lost contact with grandchildren when their adult child got divorced and was cut off from contact by the former spouse. This suggests a willful act of preventing a parent from seeing their own child(ren), and is consistent with the phenomenon of parental alienation. There is nearly universal consensus that children can be programmed and manipulated by one parent to reject the other parent (Baker, Jaffee, & Johnston, 2011). Kruk (1992, 1994, 1995, 2010, 2015), author of seminal works in family studies, grandparent disengagement, and paternal alienation, suggested that grandchild access loss for paternal grandparents may be much more widespread than for maternal grandparents. Kruk (2015) defines paternal alienation as the "forced removal of a capable and loving father from the life of a child" (p. 97), generally occurring in the context of divorce and a custody decree to the mother, accompanied by maternal denigration of the father. Hetherington, Cox, and Cox (1985) found that 25-30% of children lost all contact with their fathers in the first year post-divorce. Kruk (2015) found the problem of paternal alienation and father absence is worse today than in his 1990 original study, and that "the phenomena of paternal alienation and the absence of fathers in children's lives after divorce are global social

problems" (p. 96), which result in profound and lifelong emotional, behavioral, and physical consequences for both fathers and their children.

Of course, mothers can also become alienated or estranged from their children in a campaign of denigration by the father. However, another particularly compelling finding from this study, which both supports and adds to existing knowledge, is that daughters and daughters-in-law were perceived to be responsible for nearly three quarters (71%) of grandparent cut off. These results appear to reflect Kruk's (2015) concerns in that significant numbers of fathers (and by default the father's parents) find themselves at risk of paternal alienation and absence from their children's lives. Other researchers investigating grandparent involvement after a divorce in the middle generation found that grandchild relationships with maternal grandparents were often strengthened because mothers received primary custody, whereas the paternal grandparents' relationships with their grandchildren were weakened (Gladstone, 1988; Johnson, 1988). In applying the findings and existing knowledge to research question 2, it appears clear that parental alienation is a potential pathway to grandparent cut off.

Such issues of intergenerational cut off can be viewed from the theoretical perspective of Bowen family systems theory. Bowen believed that emotional and social dysfunctions are related to an imbalance of individuality and togetherness in a family system. In healthy family systems, children are encouraged by their parents to reach autonomy and independence and become differentiated. Problems occur when anxiety grows in families and children are undifferentiated and have little separation, resulting in a potential enmeshment of child and parent. Children who have difficulty managing autonomy in the relationship may simply decide to run away or cut off the parent. Gibson

and Donigan (1994) stated, “Bowen believed these emotional cut offs only remove the person from the direct effects of parental undifferentiation but do nothing to resolve the painful emotional attachments” (p. 32).

Bowen’s family systems therapy involved three main steps (Fine & Hovestadt, 1987; Kerr & Bowen, 1988): (a) participating in family of origin work using the genogram to locate fusion and unresolved attachments, (b) using “I” position statements to clarify the distinction of self and other, and (c) reconnection of emotional cut offs in order to reduce reactivity while remaining in contact with family members and significant others. Using these steps, Bowen believed the individual would decrease fusion, increase differentiation, and become a more fully realized self. While indicated for use with the family member who enacts a cut off from others, Bowen family systems therapy does not address interventions for those who suffer from being cut off, such as grandparents or parents. The implication is clear, however, that Bowen considered resolving the cut off to be imperative to a healthy functioning family system.

Study Limitations

The study was limited in that survey participants were self-selected respondents associated with AGA, an advocacy and support group for grandparents cut off from their grandchildren. Grandparents who seek information and become involved with support groups may be those who are most affected by their situation of cut off and not representative of the majority of such grandparents. The study is also limited by the demographic information of participants. The majority of respondents were female, white, and college-educated, and resided in North America, which clearly is not

representative of grandparents around the world. The small size of the comparison group of 18 non-cut-off grandparents is an additional limitation.

The data is limited by being in the form of self-report measures from one generation involved in a multi-generational family system. Data reported by grandparents were mostly retrospective, and may have been based on memories from many years earlier. The CGA may not have been an accurate measure of CG because the measure was adjusted by omitting three items that did not apply to being cut off but applied to death.

An issue with the SCOG was that many items allowed for comments and respondents' comments did not always agree with their answer selections on the item, which necessitated recoding or discounting of the survey.

Implications for Practice

The findings of the study have implications for education, political advocacy, and social work practice. Given that cut-off grandparents experience concerning levels of depression, suicidal thinking, and CG, social work and societal interventions are needed. Very little information is available regarding helpful interventions for cut off grandparents or legal and emotional remedies to their situations. Grandparents are increasingly attempting to enlist the courts in efforts to regain contact with their grandchildren, and these efforts have met with varied success. United States government policies have held that parents have a right to raise their children without interference by other persons or the state (Debele, 2018). This has prevented most states from enacting statutes that provide legal standing for grandparents to petition courts for visitation with grandchildren. Although there have been various challenges over the years to the

fundamental right of a parent to decide who has access to the child, parents continue to retain this right (Debele, 2018).

If grandparents are suffering to a great extent by being cut off, it appears that a debate should continue that is respectful of such suffering and mindful of the best interest of the grandchildren. Mediation has been used in cases of grandparent cut off, and may be more effective during the divorce process when custody decisions are negotiated. Kruk (1995) proposed the use of mediation in such situations, as it may hold significant potential for the prevention and resolution of grandparent and parent cut off, thus protecting vital intergenerational kinship relationships. Mediation also avoids the problem posed when grandparents take their adult child to court to sue for visitation rights. Such actions can clearly cause conflict in the family to arise or escalate, making reunification all the more difficult despite outcomes of the court action.

Other findings suggest the need for interventions that target the psychological and physical effects of being cut off on grandparents. Over three-quarters of study grandparents found attending a support group somewhat, very, or extremely helpful. Self-help group participation is associated with a variety of physical and emotional benefits (Kyrouz, Humphreys, & Loomis, 2002), including increased self-esteem, improved relationships and coping skills, and decreased isolation (Gray, Fitch, Davis, & Phillips, 1997). According to the *Encyclopedia of Social Work*, self-help groups offer a "vehicle for people with a common problem to gain support and recognition, obtain information on, advocate on behalf of, and take control of circumstances that bring about and perpetuate their shared concern" (Mizrahi & Davis, 2011, p. 14). It is likely that grandparents may find relief in such group settings for the deleterious effects of being cut

off from grandchildren. This study emphasizes a need for psychotherapists, social workers, and counselors to be aware of the emotional needs of cut off grandparents and to provide interventions that best assist this population.

The study also suggests implications for social work education. Responses from grandparents in the study regarding counseling suggest that counselors varied in their knowledge of the phenomenon and dynamics of grandparent cut off and their helpfulness in helping to resolve the problem. Today there are over 70 million grandparents in the United States, representing one-third of the population (American Grandparent Association, 2014). With increasing numbers of grandparents who experience increased longevity, we can assume the numbers of cut-off grandparents will likely increase also. Therefore, it is critical for social work education to prepare social workers to provide services for this population. Founded in 1952, the Council on Social Work Education (CSWE) is the national association representing social work education in the United States. CSWE (2017) estimates that 672,000 social workers are currently employed in the United States. CSWE is positioned to support education for social workers who can provide understanding and appropriate interventions for affected grandparents and parents.

Recommendations for Further Research

The goal of the study was to explore grandparents' experience of being cut off from their grandchildren. The study had significant findings for variables of depression, grief, suicidal ideation, and physical health, which likely helps to understand a portion of cut-off grandparent experiences. Other areas for potential research could include variables such as attachment, anxiety, or PTSD. Grandparent histories could be explored

for further intergenerational information indicating family fusions and cutoff. Research on grandchildren who are cut off from their grandparents is another important area for investigation. What effect does the cutoff have on young children who are forming critical attachment bonds with caregivers and significant figures in their lives?

Further research is needed to understand the phenomenon of cutoff for people of varying ethnicities, genders, ages, and areas or countries. Eighty-nine percent of surveys were completed by female respondents, so determining differences for grandfathers is of vital importance also. It may be that women seek social supports such as AGA's website and support groups more than do men, or it may be that other factors intervene when considering a grandfather's tendency to seek social support or complete a survey.

This study found that grandparents who reported complete cutoff from grandchildren experienced more severe emotional and physical consequences than did those who reported some level of current contact. It is of interest that grandparents in this study who experienced reunification reported being dissatisfied with the level of contact post-reunification. Further research into those who experienced reunification is warranted to understand the nature of the reconciliation and factors that may have precipitated it. Identifying their level of emotional and physical coping along with their ideal amount of contact would be warranted.

Participants in this study were associated with AGA's website and support groups. Further investigation regarding what may be the best mediators for grandparents in distress from cutoff is needed. Social support, such as peer-led support groups, and mediation regarding access to grandchildren are practices suggested by this study. It is important to identify other mediators and interventions that could be further researched

and potentially identified as best practices in models for intervention for affected grandparents. Grandparents are valuable and important family members who must be safeguarded and supported.

APPENDIX A

Expert Panel Survey of Cut-Off Grandparents

Thank you for participating in this survey. Directions are as follows:
The degree to which you believe each individual survey item accurately reflects an aspect of grandparent cut off will be offered as a "percent" agreement, i.e., 0% agreement, 1-20% agreement, 21-40% agreement, 41-60% agreement, 61-80% agreement, or 81-100% agreement. In addition, your written comments are welcomed for each response.

Please understand that you are not actually completing the survey questions, but responding to the extent that you believe each question accurately reflects an aspect of grandparent cut off.

There will be no harm or benefit to you for participating other than your contribution to research. The survey takes approximately 12 minutes to complete, depending on the extent of commentary you may wish to make. If you are able to participate, please consent to participate by clicking on the "begin survey" item below. Thank you very much for your participation.

1. Do you currently have any face-to-face contact with your grandchild(ren) with whom you are cut off?
(Some grandparents may have some face to face contact with grandchildren with whom they are cut off).
a. No contact at all
b. Sporadic contact
c. Yearly contact
d. Monthly contact
e. Weekly contact
f. Daily contact
0% agreement that this item reflects an aspect of grandparent cut off
1-20% agreement
21-40% agreement
41-60% agreement
61-80% agreement
81-100% agreement
Comment(s)

2. What is your physical proximity to the grandchild(ren) you are cut off from?
a. Same country
b. Same state
c. Same town
d. Within 5 miles
0% agreement that this item reflects an aspect of grandparent cut off
1-20% agreement
21-40% agreement
41-60% agreement
61-80% agreement
81-100% agreement
Comment(s)

3. Prior to being cut off, how often did you have face-to-face contact with your grandchild(ren)?
a. Not at all
b. Yearly
c. Monthly
d. Weekly
e. Daily
0% agreement that this item reflects an aspect of grandparent cut off
1-20% agreement
21-40% agreement
41-60% agreement
61-80% agreement
81-100% agreement
Comment(s)

4. Prior to being cut off, what was your physical proximity to your grandchild(ren)?
a. Same country
b. Same state
c. Same town
d. Within 2 miles
e. Same house
0% agreement that this item reflects an aspect of grandparent cut off
1-20% agreement
21-40% agreement
41-60% agreement
61-80% agreement
81-100% agreement
Comment(s)

5. Prior to being cut off, how would you best describe your emotional closeness with your grandchild(ren)?
a. Not at all close
b. A little close
c. Close
d. Very close
e. Extremely close
0% agreement that this item reflects an aspect of grandparent cut off
1-20% agreement
21-40% agreement
41-60% agreement
61-80% agreement
81-100% agreement
Comment

6. The length of time I have been cut off from my grandchild(ren) is/was:
a. Six months or less
b. More than 6 months and less than 1 year
c. One year to less than 2 years
d. Two years to less than 5 years
e. Five years to less than 10 years
f. Ten years or more
g. I am not cut off from my grandchild(ren)
0% agreement that this item reflects an aspect of grandparent cut off
1-20% agreement
21-40% agreement
41-60% agreement
61-80% agreement
81-100% agreement
Comment

7. The person(s) most responsible for the cut off is/are:
(select all that apply)
a. Adult daughter
b. Adult son
c. Daughter-in-law
d. Son-in-law
e. Adult child's partner
f. My adult child's other parent
g. My adult child's in-law(s)
h. My grandchild(ren)
i. None of the above
j. Unknown
0% agreement that this item reflects an aspect of grandparent cut off
1-20% agreement
21-40% agreement

41-60% agreement
61-80% agreement
81-100% agreement
Comment

8. My adult child is cut off from contact with his/her children by a spouse/partner or ex-spouse/partner.
a. Strongly agree
b. Agree
c. Neither agree nor disagree
d. Disagree
e. Strongly disagree
0% agreement that this item reflects an aspect of grandparent cut off
1-20% agreement
21-40% agreement
41-60% agreement
61-80% agreement
81-100% agreement
Comments

9. I am cut off from having contact with my grandchild(ren) as a result of the death of my adult child.
a. Strongly agree
b. Agree
c. Neither agree nor disagree
d. Disagree
e. Strongly disagree
0% agreement that this item reflects an aspect of grandparent cut off
1-20% agreement
21-40% agreement
41-60% agreement
61-80% agreement
81-100% agreement
Comment(s)

10. I was cut off from my grandchild(ren) when I became divorced from or broke up with my adult child's other parent.
a. Strongly agree
b. Agree
c. Neither agree nor disagree
d. Disagree
e. Strongly disagree
0% agreement that this represents an aspect of grandparent cut off
1-20 percent agreement
21-40% agreement
41-60% agreement

61-80% agreement
81-100% agreement
Comment

11. Although I was cut off from my grandchild(ren), some contact has now been restored.
a. True
b. False
c. Somewhat
0% agreement that this item reflects an aspect of grandparent cut off
1-20% agreement
21-40% agreement
41-60% agreement
61-80% agreement
81-100% agreement
Comment

12. If contact with your grandchild(ren) has now been restored, how adequate do you consider the current level of contact?
a. Extremely adequate
b. Very adequate
c. Somewhat adequate
d. Not so adequate
e. Not at all adequate
0% agreement that this item reflects an aspect of grandparent cut off
1-20% agreement
21-40% agreement
41-60% agreement
61-80% agreement
81-100% agreement
Comment(s)

13. Regarding life in general, how much do you think being cut off from your grandchild(ren) has affected your overall health and wellbeing?
a. Extremely affected
b. Very affected
c. Somewhat affected
d. Not so affected
e. Not affected at all
0% agreement that this item reflects an aspect of grandparent cut off
1-20% agreement
21-40% agreement
41-60% agreement
61-80% agreement
81-100% agreement, Comment(s)

APPENDIX B

Research Cover Letter

Dear Research Participant:

Your participation in a research project is requested. The title of the study is "Grandparents Cut Off From Grandchildren: An Exploratory Study". The research is being conducted by Carol Golly, a student in the social work department at Barry University, and is seeking information that will be useful in the field of social work. The aims of the research are to create an instrument to determine if grandparent cut off is occurring, and if affected grandparents experience depression, suicidal thoughts, complicated grief, and health problems. In accordance with these aims, the following procedures will be used: you will be asked to complete a survey that takes approximately 30 minutes to complete. We anticipate the number of participants to be 200.

If you decide to participate in this research, you will be asked to do the following: read a letter in which the researcher is introduced and the study is described, then complete the survey.

Your consent to be a research participant is strictly voluntary and should you decline to participate or should you choose to drop out at any time during the study, there will be no adverse effects on your involvement with Alienated Grandparents Anonymous, Inc. (AGA).

The risks of involvement in this study are minimal and include the potential for experiencing uncomfortable or distressful feelings. Although there are no direct benefits to you of participating in the survey. However, your participation in this study may help our understanding of the experience of grandparents who are cut off from their grandchildren, which may lead to potentially helpful mental health and legal interventions for cut off grandparents and their grandchildren.

As a research participant, information you provide will be kept anonymous, that is, no names or other identifiers will be collected on any of the instruments used. The researcher will not ask for or record names of participants. Data will be kept in a locked file in the researcher's office.

If you have any questions or concerns regarding the study or your participation in the study, you may contact me, Carol Golly, at 239-784-4017, my supervisor, Dr. Mark Smith, at 305-899-3020, or the Institutional Review Board point of contact, Barbara Cook, at (305) 899-3020.

Thank you for your participation.

Sincerely,
Carol A. Golly

APPENDIX C

Informed Consent

The purpose of this research is to explore the experience of grandparents who are cut off from, their grandchildren. Participation is entirely voluntary and you may at any time withdraw from participation. I am asking you to complete the attached electronic survey. More specifically, you will be asked to answer questions about yourself and your experiences as a grandparent. The potential benefits of this study are to understand the experience of cut off grandparents. This knowledge may help in the future by assisting grandparents with potential interventions.

The potential risks of participating this study are the experiencing of sadness or grief in answering questions about what may be an emotionally distressing topic. An electronic survey platform called "Survey Monkey" is used in this study to collect survey results. The anonymity of all participants is of utmost importance. However, there can be no guarantee of absolute anonymity due to the medium of this second party "Survey Monkey" who emphatically declares "Our privacy policy states that we will not use your data for our own purposes." In addition, I will request that "Survey Monkey" disable the SSL before data collection thereby assuring the fact that the results I will receive will be truly anonymous and there will be no record kept of your IP address nor linkages I could utilize to identify you. It will take about 30 minutes to complete the survey.

Your responses will be automatically compiled in a spreadsheet format and cannot be directly linked to you. All data will be stored in a password protected electronic format. In addition, "Survey Monkey" employs multiple layers of security to ensure that my account and the data associated with the account are private and secure. In addition, a third-party security firm is consistently utilized by the survey tool administration to conduct audits of security. The company asserts that the latest in firewall and intrusion prevention technology is employed. Hence, any concerns regarding potential invasion of your privacy and access to your responses other than I, the investigator should be allayed due to these protections. I trust you feel confident to answer the attached survey questions as honestly as you can.

By clicking on the "I agree" button below and by submitting a completed survey, you are giving permission to use your data record in this study. Participant must click on either the "I agree" button or "I do not agree" button to confirm consent or refusal. Once the "I agree" button is clicked, the participant is directly linked to the Survey. If you click on the "I do not agree" button, you will immediately exit this site.

As a research participant, information you provide is anonymous, that is, no names or other identifiers will be collected. SurveyMonkey.com allows researchers to suppress the delivery of IP addresses during the downloading of data, and in this study no IP address will be delivered to the researcher. However, SurveyMonkey.com does collect IP addresses for its own purposes. If you have concerns about this, you should review the privacy policy of SurveyMonkey.com before you begin.

Again, you are free to withdraw your participation at any time without penalty. Thank you for your participation in advance. If you have any questions, feel free to contact me at (239) 417-3031, or the Institutional Review Board point of contact, Barbara Cook, at (305) 899-3020 or bcook@mail.barry.edu.

APPENDIX D

Survey of Cut-Off Grandparents

Survey: Grandparents who are Cut Off from Grandchildren

Dear Grandparent:

Your participation in a research project is requested. The title of the study is"Grandparents Cut Off From Grandchildren: An Exploratory Study". The research is being conducted by Carol Golly, a doctoral student in the social work department at Barry University, who is seeking information that will be useful in the field of social work. I am asking you to complete the attached electronic survey. More specifically, you will be asked to answer questions about yourself and your experiences as a grandparent, particularly as your experiences reflect being cut off from your grandchildren and how this has potentially impacted your emotional and physical health. In accordance with these aims, the following procedures will be used: you will be asked to complete a survey. We anticipate the number of participants to be 500.

If you decide to participate in this research, you will be asked to complete a survey that takes approximately 25 minutes. There are no direct benefits to you of participating in the survey. Your consent to be a research participant is strictly voluntary and should you decline to participate or should you choose to drop out at any time during the study, there will be no effects on your involvement with Alienated Grandparents Anonymous, Inc. (AGA). This study is not associated with or sponsored by Alienated Grandparents Anonymous.

The risks of involvement in this study are minimal and include the potential for experiencing uncomfortable or distressful feelings. Participants experiencing a high degree of discomfort may choose to contact the National Suicide Prevention Lifeline at 800-273-8255. Due to anonymity of participants the researcher will be unable to determine the identity of participants who express discomfort or who contact the Lifeline.

An electronic survey platform called "Survey Monkey" is used in the study to collect survey results. The anonymity of of all participants is of utmost importance. There will be no record kept of your IP address nor linkages that could be utilize to identify you. All data will be stored in a password protected electronic format, and any written study data will be kept in a locked file in the researcher's office. By clicking on the "I agree" button below and by submitting a completed survey, you are giving permission to use your data record in this study. Participants must click on either the "I agree" or "I do not agree" button to confirm consent or refusal. Once the "I agree" button is clicked, the participant is directly linked to the survey. If you click on the "I do not agree" button, you will immediately exit this site.

Again, you are free to withdraw your participation at any time without penalty. Thank you for your participation in advance. If you have any questions or concerns regarding the study or your participation in the study, you may contact me, Carol Golly, at (239) 417-3031, my supervisor, Dr. Mark Smith, at (305) 899-3911, or the Barry University Institutional Review Board point of contact, Barbara Cook, at (305) 899-3020.

Thank you for your participation.
Sincerely,
Carol A. Golly

* 1. Do you agree to participate in the survey?

- ◯ I agree
- ◯ I do not agree

Grandparent Cut Off

Please click the most appropriate response to each survey item.

2. Do you currently have any direct (face-to-face) contact with your grandchildren?

- ◯ Daily contact
- ◯ Weekly contact
- ◯ Monthly contact
- ◯ Yearly contact
- ◯ I have no direct face-to-face contact

Comment:

3. What is your current physical proximity to the grandchild(ren) from whom you are cut off? (Select all that apply)

- ◯ Same country
- ◯ Same state
- ◯ Same town
- ◯ Within 5 miles
- ◯ Other (please specify)

4. **Prior to being cut off**, how would you best describe your emotional closeness with your grandchild(ren)?

- ◯ Not at all emotionally close
- ◯ Somewhat emotionally close
- ◯ Very emotionally close
- ◯ Extremely emotionally close
- ◯ Other (please specify)

5. **Prior to being cut off,** how often did you have direct face-to-face contact with your grandchildren?

- ◯ Daily contact
- ◯ Weekly contact
- ◯ Monthly contact
- ◯ Yearly contact
- ◯ I had no direct face-to-face contactt
- ◯ Other (please specify)

6. **Prior to being cut off,** what was your physical proximity to the grandchild(ren)? (Select all that apply)

- ◯ Same country
- ◯ Same state
- ◯ Same town
- ◯ Within 5 miles
- ◯ Other (please specify)

7. The length of time I have been cut off from my grandchild(ren) is/was

- ◯ 6 months or less
- ◯ 6 to 12 months
- ◯ 1 year to less than 2 years
- ◯ 2 years to less than 5 years
- ◯ 5 years to less than 10 years
- ◯ 10 years or more
- ◯ Other (please specify)

8. The person(s) I believe are most responsible for the cut off are (select all that apply)

- ◯ My adult daughter
- ◯ My adult son
- ◯ My daughter-in-law
- ◯ My son-in-law
- ◯ My ex-spouse (or ex-partner)
- ◯ None of the above
- ◯ Other (please specify)

9. My adult child is cut off from contact with his or her children (my grandchild/ren) by a spouse/partner, or former spouse/partner.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

10. I became cut off from my grandchild(ren) when my adult child died

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Other (please specify)

11. I was cut off from my grandchild(ren) when I became divorced from (or broke up with) my adult child's other parent

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

12. I have attempted the following forms of contact with my grandchild(ren) (select all that apply)

- ☐ Phone calls
- ☐ Texts
- ☐ E-mails
- ☐ Gifts
- ☐ Letters
- ☐ None of the above
- ☐ Other (please specify)

13. Although I was cut off from my grandchild(ren), some degree of contact has been restored

- ◯ Yes
- ◯ No

14. If contact has been restored, how satisfied are you with the current amount of contact with your grandchild(ren)?

- ◯ Very satisfied
- ◯ Satisfied
- ◯ Neither satisfied nor dissatisfied
- ◯ Dissatisfied
- ◯ Very dissatisfied

Comment:

Effects of Cut Off

This portion of the survey consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Select the number beside the statement you have picked. If several statements in the group seem to apply equally well, select the highest number for that group. Only one statement may be selected for any group.

15. Sadness

- ◯ 1. I do not feel sad.
- ◯ 2. I feel sad much of the time.
- ◯ 3. I am sad all the time
- ◯ 4. I am so sad or unhappy I can't stand it.

16. Pessimism

- ◯ 1. I am not discouraged about my future
- ◯ 2. I feel more discouraged about my future than I used to be.
- ◯ 3. As I look back, I see a lot of failures.
- ◯ 4. I feel my future is hopeless and will only get worse.

17. Past Failure

- 1. I do not feel like a failure
- 2. I have failed more than I should have.
- 3. As I look back, I see a lot of failures.
- 4. I feel I am a total failure as a person.

18. Loss of Pleasure

- 1. I get as much pleasure as I ever did from the things I enjoy.
- 2. I don't enjoy things as much as I used to.
- 3. I get very little pleasure from the things I used to enjoy.
- 4. I can't get any pleasure from the things I used to enjoy.

19. Guilty Feelings

- 1. I don't feel particularly guilty.
- 2. I feel guilty over many things I have done or should have done.
- 3. I feel quite guilty most of the time.
- 4. I feel guilty all of the time.

20. Punishment Feelings

- 1. I don't feel I am being punished
- 2. I feel I may be punished
- 3. I expect to be punished
- 4. I feel like I am being punished

21. Self-Dislike

- 1. I feel the same about myself as ever
- 2. I have lost confidence in myself
- 3. I am disappointed in myself.
- 4. I dislike myself

22. Self-Criticalness

- 1. I don't criticize or blame myself more than usual.
- 2. I am more critical of myself than I used to be.
- 3. I criticize myself for all of my faults.
- 4. I blame myself for everything bad that happens.

23. Suicidal Thoughts or Wishes

- 1. I don't have any thoughts of killing myself.
- 2. I have thoughts of killing myself, but I would not carry them out.
- 3. I would like to kill myself.
- 4. I would kill myself if I had the chance.

24. Crying

- 1. I dont cry anymore than I used to.
- 2. I cry more than I used to.
- 3. I cry over every little thing.
- 4. I feel like crying, but I can't

25. Agitation

- 1. I am no more restless or wound up than usual.
- 2. I feel more restless or wound up than usual
- 3. I am so restless or agitated that it's hard to stay still.
- 4. I am so restless or agitated that I have to keep moving or doing something.

26. Loss of Interest

- 1. I have not lost interest in other people or activities
- 2. I am less interested in other people or things than before.
- 3. I have lost most of my interest in other people or things.
- 4. It's hard to get interested in anything.

27. Indecisiveness

- 1. I make decisions about as well as ever
- 2. I find it more difficult to make decisions than usual.
- 3. I have much greater difficulty in making decisions than I used to.
- 4. I have trouble making any decisions.

28. Worthlessness

- 1. I do not feel I am worthless
- 2. I don't consider myself as worthwhile and useful as I used to.
- 3. I feel more worthless as compared to other people.
- 4. I feel utterly worthless

29. Loss of energy

- 1. I have as much energy as ever
- 2. I have less energy than I used to have.
- 3. I don't have enough energy to do very much.
- 4. I don't have enough energy to do anything.

30. Changes in Sleeping Pattern

- 1. I have not experienced any change in my sleeping pattern.
- 2. I sleep somewhat more than usual, OR, I sleep somewhat less than usual
- 3. I sleep a lot more than usual, OR, I sleep a lot less than usual.
- 4. I sleep most of the day, OR, I wake u 1-2 hours early and can't get back to sleep.

31. Irritability

- 1. I am no more irritable than usual.
- 2. I am more irritable than usual.
- 3. I am much more irritable than usual.
- 4. I am irritable all the time.

32. Changes in Appetite

- 1. I have not experienced any change in my appetite.
- 2. My appetite is somewhat less than usual, OR, my appetite is somewhat greater than usual.
- 3. My appetite is much less than before, OR, my appetite is much greater than usual.
- 4. I have no appetite at all, OR, I crave food all the time.

33. Concentration Difficulty

- 1. I can concentrate as well as ever.
- 2. I can't concentrate as well as usual.
- 3. It's hard to keep my mind on anything for very long.
- 4. I find I can't concentrate on anything.

34. Tiredness or Fatigue

- 1. I am no more tired or fatigued than usual.
- 2. I get more tired or fatigued more easily than usual.
- 3. I am too tired or fatigued to do a lot of the things I used to do.
- 4. I find I can't concentrate on anything.

35. Loss of Interest in Sex

- 1. I have not noticed any recent change in my interest in sex.
- 2. I am less interested in sex than I used to be.
- 3. I am much less interested in sex now.
- 4. I have lost interest in sex completely.

Suicidal Thinking

Please click the statement or phrase that best applies to you.

36. Have you ever thought about or attempted to kill yourself?

- ◯ Never
- ◯ It was just a brief passing thought.
- ◯ I have had a plan at least once to kill myself but did not try to do it.
- ◯ I have had a plan at least once to kill myself and really wanted to die.
- ◯ I have attempted to kill myself, but did not want to die.
- ◯ I have attempted to kill myself, and really hoped to die.

37. How often have you thought about killing yourself in the past year?

- ◯ Never
- ◯ Rarely (1 time)
- ◯ Sometimes (2 times)
- ◯ Often (3-4 times)
- ◯ Very often (5 or more times)

38. Have you ever told someone that you were going to commit suicide, or that you might do it?

- ◯ No
- ◯ Yes, at one time, but did not really want to die.
- ◯ Yes, at one time, and really wanted to die.
- ◯ Yes, more than once, but did not want to do it.
- ◯ Yes, more than once, and really wanted to do it.

39. How likely is it that you will attempt suicide someday?

- ◯ Never
- ◯ No chance at all
- ◯ Rather unlikely
- ◯ Unlikely
- ◯ Likely
- ◯ Rather likely
- ◯ Very likely

Grief and Trauma

Please select the answer thatbest describes how you have been feeling over the past month.

40. In the past month, how often have you felt yourself longing and yearning for your estranged grandchild(red)?

- ◯ Almost never
- ◯ Rarely (2-6 times/month
- ◯ Sometimes (more than 7 times/month, but not every day)
- ◯ Every day
- ◯ Several times every day

41. In the past month has the yearning been distressing to you or disruptive to your daily routine?

- ◯ Yes
- ◯ No

42. In the past month, to what extent have you had difficulty trusting people?

- ◯ No difficulty trusting others
- ◯ A slight sense of difficulty trusting others
- ◯ Some sense of difficulty trusting others
- ◯ A marked sense of difficulty trusting others
- ◯ An extreme sense of difficulty trusting others

43. In the past month, to what extent have you felt emotionally numb or had difficulty connecting with others?

- ◯ No sense of numbness
- ◯ A slight sense of numbness
- ◯ Some sense of numbness
- ◯ A marked sense of numbness
- ◯ An extreme sense of numbness

44. In the past month, to what extent do you feel that life is empty or meaningless with out your grandchild(ren)?

- ◯ No sense of emptiness or meaninglessness
- ◯ A slight sense of emptiness or meaninglessness
- ◯ Some sense of emptiness
- ◯ A marked sense of emptiness
- ◯ An extreme sense of emptiness

45. In the past month, to what extent do you feel that the future holds no meaning or purpose without your grandchild(ren)?

- ◯ No sense that the future holds no purpose
- ◯ A slight sense that the future holds no purpose
- ◯ Some sense that the future holds no purpose
- ◯ A marked sense that the future holds no purpose
- ◯ An extreme sense that the future holds no purpose

46. Have your feelings about being estranged from your grandchild(ren) resulted in impairment in your social, occupational, or other areas of functioning? For instance, do your feelings make it difficult for you to perform your daily activities?

- ◯ Yes
- ◯ No

47. Have any of the above symptoms, including yearning and impairment in functioning, difficulty trusting others, feeling emotional numbness, emptiness, meaninglessness, or feeling on edge lasted more than six months?

- ◯ Yes
- ◯ No

Physical Health

48. What is your subjective day-to-day experience of your physical health?

- ◯ Good
- ◯ Fair
- ◯ Poor

49. What was your subjective experience of your physical health prior to losing contact with your grandchild(ren)?

- ◯ Good
- ◯ Fair
- ◯ Poor

Support and Intervention

50. Have you sought counseling due to being cut off from your grandchild(ren)?

- ◯ Yes
- ◯ No

51. If you have had counseling due to being cut off, was it effective in helping you manage your feelings?

- ◯ Extremely effective
- ◯ Very effective
- ◯ Somewhat effective
- ◯ Not so effective
- ◯ Not at all effective
- ◯ I have not sought counseling

52. If you had counseling, was it helpful in helping you resolve the cut off?

- ◯ Not at all helpful
- ◯ Not so helpful
- ◯ Somewhat helpful
- ◯ Very helpful
- ◯ Extremely helpful

Comment:

53. If you have had counseling, how knowledgeable was the counselor about the phenomenon of grandparent cut off?

- ◯ Not at all knowledgeable
- ◯ Not so knowledgeable
- ◯ Somewhat knowledgeable
- ◯ Very knowledgeable
- ◯ Extremely knowledgeable

Comment:

54. If you have attended a support group for cut off grandchildren, was it helpful?

- ◯ Not helpful at all
- ◯ Not so helpful
- ◯ Somewhat helpful
- ◯ Very helpful
- ◯ Extremely helpful
- ◯ I have not attended a support group

Comment:

55. Regarding life in general, how much do you think being cut off from your grandchildren has affected your overall health and wellbeing?

- ◯ Not affected at all
- ◯ Not so affected
- ◯ Somewhat affected
- ◯ Very affected
- ◯ Extremely affected

Comment:

Demographic Information

56. Sex Assigned at Birth

- ◯ Male
- ◯ Female

57. Current Gender Identity

- ◯ Male
- ◯ Female
- ◯ Transgender
- ◯ Do not identify as female, male, or transgender

58. What is your age in years?

- ◯ 20-30
- ◯ 31-40
- ◯ 41-50
- ◯ 51-60
- ◯ 61-70
- ◯ 71-80
- ◯ 81-90
- ◯ 90 plus

59. What category best describes you?

- ◯ American Indian or Alaska Native—For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional government, Nome Eskimo Community
- ◯ Asian—For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese
- ◯ Hispanic, Latino, or Spanish Origin—For example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Columbian
- ◯ Middle Eastern or North African—For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian
- ◯ Native Hawaiin or Other Pacific Islander—For example, Native Hawaiin, Samoan, Chamorro, Tongan, Fijian, Marshallese
- ◯ White—For example, German, Irish, English, Italian, Polish, French
- ◯ Some other race, ethnicity, or origin
- ◯ I prefer not to answer

60. Where do you live?

- ◯ Africa
- ◯ Asia
- ◯ Europe
- ◯ Middle East
- ◯ North America
- ◯ Oceana
- ◯ South America
- ◯ The Caribbean
- ◯ Other (please specify)

61. What categories describe you? (Check all that apply)

- ☐ Some high school
- ☐ High school diploma or equivalent
- ☐ Vocational training
- ☐ Some college
- ☐ Associate's degree (e.g., AA, AE, AFA, AS, ASN)
- ☐ Bachelor's degree (e.g., BA, BBA, BFA, BS)
- ☐ Master's degree (e.g., MA, MBA, MFA, MS, MSW
- ☐ Specialist degree (e.g., EdS)
- ☐ Doctoral degree

62. What category best describes you?

- ◯ Single, never married
- ◯ Married
- ◯ Domestic partnership
- ◯ Widowed
- ◯ Divorced
- ◯ Separated
- ◯ Other (please specify)

REFERENCES

Adams, R., Dominelli, L. and Payne, M. (2009). *Critical Practice in Social Work*. Basingstoke: Palgrave Macmillan.

Alienated Grandparents Anonymous. (2014). *Mission statement and goals*. Retrieved from http://www.aga-fl.org/mission_statement_goals_survey

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Oxford, England: Lawrence Erlbaum.

Ainsworth, M. D. S. (1989). Attachments beyond infancy. *American Psychologist*, 44, 709-716.

American Association of Marriage and Family Therapy. (2019). *Suicide in the elderly.* Retrieved from http://www.aamft.org.AAMFT/Consumer_Updates/suicide_in_the_Elderly.aspx

American Civil Liberties Union (2019). *United states supreme court limits government ability to interfere with parents' childrearing decisions.* Retrieved from https://www.aclu.org/press-releases/us-supreme-court-limits-government-ability-interfere-parents-child-rearing-decisions?redirect=news/us-supreme-court-limits-government-ability-interfere-parents-child-rearing-decisions

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Baker, A. J. L. (2007). *Adult children of parental alienation syndrome: Breaking the ties that bind.* New York, NY: Norton.

Baker, A. J. L., & Ben-Ami, N. (2010). To turn a child against a parent is to turn a child against himself: The direct and indirect effects of exposure to parental alienation strategies on self-esteem and well-being. *Journal of Divorce and Remarriage,* 52, 45-67.

Baker, A. J. L., & Darnall, D. (2007). A construct study of the eight symptoms of severe parental alienation syndrome: A survey of parental experiences. *Journal of Divorce and Remarriage, 47*(1), 55-75.

Baker, A. J. L., Verrocchio, M. C. (2013). Italian college student-reported childhood exposure to parental alienation: Correlates with well-being. Journal of Divorce and Remarriage 54(8), 609-628.

Baker, A. J. L., & Fine, P. R. (2014). *Surviving parental alienation; A journey of hope and healing.* New York, NY: Rowman & Littlefield.

Baker, A. J. L., Jaffee, P. G., & Johnston, J. (2011). Brief report on parental alienation survey. *Association of Family and Conciliation Courts eNews,* p. 30.

Baker, A. J. L. & Verrocchio, M. C. (2015). Parental bonding and parental alienation as correlates of psychological maltreatment in adults in intact and non-intact families. *Journal of Child and Family Studies, 24*(10), 3047-3057.

Bala, N., Hunt, S., & McCarney, C. (2010). Parental alienation; Canadian court cases 1989-2008. *Family Court Review, 48,* 164-179.

Barnet, M. A., Scaramella, L. V., Neppl, T. K., Ontai, L., & Conger, R. (2010). Intergenerational relationships, gender, and grandparent involvement. *Family Relations, 59,* 28-44.

Barry, L., Kasl, S., & Prigerson, H. (2001). Psychiatric disorders among bereaved persons: The role of perceived circumstances of death and preparedness for death. *American Journal of Geriatric Psychiatry,* 10, 447-457.

Beck, A. T., Brown, G., & Steer, R. A. (1996). *Beck Depression Inventory II manual.* San Antonio, TX: The Psychological Corporation.

Beck, A.T., Steer, R. A., & Raneiri, W. (1996). Comparison of Beck Depression Inventories IA and II in psychiatric outpatients. *Journal of Personality Assessment, 67*(3), 588-597.

Ben-Ami, N., & Baker, A. (2012). The long-term correlates of childhood exposure to parental alienation on adult self-sufficiency and well-being. *American Journal of Family Therapy,* 40(2), 169-183.

Blustein, J., Chan, S., & Guanais, F. C. (2004). Elevated depressive symptoms among caregiving grandparents. *Health Services Research, 39*(6p1), 1671-1690.

Boardman, M., & Hoff, S. (2012). *Health of Washington State: Self-reported health status.* Retrieved from https://www.doh.wa.gov/Portals/1/Documents/1500/GHS-SRHS2012.pdf

Bowen, M. (1978). *Family therapy in clinical practice.* New York, NY: Aronson.

Boelen, P., van den Bout, J., & de Keijser, J. (203). Traumatic grief as a distinct disorder from bereavement-related depression and anxiety: A replication study with bereavement mental health care patients. *American Journal of Psychiatry, 160*(7), 1339-1342.

Boss, P. (1999). Ambiguous loss: Living with frozen grief. *Harvard Mental Health Letter, 16*(5), 4-6.

Boss, P., & Yeats, J. R. (2014). Ambiguous loss: A complicated type of grief when loved ones disappear. *Bereavement Care, 33*(2), 63-69.

Bowlby, J. (1969). *Attachment and loss.* New York, NY: Basic Books.

Briggs, S. R., & Cheek, J. M. (1986). The role of factor analysis in the development and evaluation of personality scales. *Journal of Personality, 54*, 106-148. doi:10.1111/j.1467-6494.1986.tb00391.x

Brown, J. (1999). Bowen family systems theory and practice: Illustration and critique. *Australian and New Zealand Journal of Family Therapy, 20*(20), 94-103.

Brown GW, Harris TO. *Life events and measurement*. In: Brown GW, Harris TO, editors. Life Events and Illness. London (NY): The Guilford Press; 1989. pp. 3–45.

Bui, E., Mauro, C., Robinaugh, D., Skritskaya, N. A., Wang, Y, Gribbin, C., … Shear, M. K. (2015). The structured clinical interview for complicated grief: Reliability, validity, and exploratory factor analysis. *Depression and Anxiety, 32,* 485-492.

Caspi, A., & Elder, G. H. (1988). Emergent family patterns: The intergenerational construction of problem behavior and relationships. In R. A. Hindle & J. Stephenson-Hinde (Eds.), *Relationships within families: Mutual influences* (pp. 218-240). Oxford: Oxford University Press.

Centers for Disease Control and Prevention. (2017). *Depression is not a normal part of life.* Retrieved from http://www.cdc.gov/aging/mentalhealth/depression.htm.

Cherlin, A., & Furstenberg, F. F. (1985). Styles and strategies of grandparenting. In Y. L. Bengston & J. F. Robertson (Eds.), *Grandparenthood* (pp. 97-116). Newbury Park, CA: Sage.

Clawar, S., & Rivlin, B. V. (1991). *Children held hostage.* Chicago, IL: American Bar Association.

Clottey, E. N., Scott, A. J., & Alfonso, M. L. (2015). Grandparent caregiving among rural African Americans in a community in the American south: Challenges to health and wellbeing. *Rural and Remote Health, 15*(3), 3313.

Coleman, J. (2013). *When parents hurt*. New York, NY: HarperCollins.

Conwell, Y., & Brent, D. (1996). Suicide and aging I: Patterns of psychiatric diagnosis. In J. L. Pearson & Y. Conwell (Eds.), *Suicide: International perspectives* (pp. 15-30). New York, NY: Springer.

Cook, L. (2007). CE feature: Perceived conflict, sibling position, cut-off, and multigenerational transmission in the family of origin of chemically dependent persons: An application of Bowen family systems theory. *Journal of Addictions Nursing. 18*(3), 131-140.

Cotton, C.R., Peters, D.K. & Range, L.M. (1995) Psychometric properties of the suicidal behaviors questionnaire, *Death Studies*, 19:4, 391-397, DOI: 10.1080/07481189508252740

Council on Social Work Education. (2017). *Profile of the social work workforce.* Retrieved from https://www.cswe.org/Centers-Initiatives/Initiatives/National-Workforce-Initiative/SW-Workforce-Book-FINAL-11-08-2017.aspx

Conejero, I., Olie, E., Courtet, P., & Calati, R. (2018). Suicide in older adults: Current perspectives. *Clinical Interventions in Aging, 13*, 691-699.

DeBele, G. (2018). Custody and parenting by persons other than the biological parents: When non-traditional family law collides with the constituation. *North Dakota Law Review, 83:* 1227-1272.

de Groot, Vincent & Beckerman, Heleen & J Lankhorst, Gustaaf & Bouter, Lex. (2003). de Groot V, Beckerman H, Lankhorst GJ, Bouter L.M. How to measure comorbidity. a critical review of available methods. *Journal of Clinical Epidemiology*. 56. 221-9.

Doyle, M., O'Dwyer, C., & Timonen, V. (2010). How can you cut off a whole side of the family and say move on?: The reshaping of paternal grandparent-grandchild relationships following divorce or separation in the middle generation. *Family Relations, 59*, 587-598.

Drew, L. M. (1999). The impact of parental separation/divorce on grandparent-grandchild relationships. *International Journal of Aging and Human Development, 48,* 191-215.

Drew, L. M. & Silverstein, M. (2007). Grandparents' psychological well-being after loss of contact with their grandchildren. *Journal of family psychology : JFP : journal of the Division of Family Psychology of the American Psychological Association (*Division 43). 21. 372-9. 10.1037/0893-3200.21.3.372.

Drew, L. M. (2007). Grandparents' well-being after loss of contact with their grandchildren. *Journal of Family Psychology,* 21(3), 372-379.

Drew, L. M., & Smith, P. K. (2002). Implications for grandparents when they lose contact with their grandchildren: Divorce, family feud, and geographical separation. *Journal of Mental Health and Aging, 8*, 95-112.

Fidler, B. and Bala, N. (2010). Children resisting postseparation contact with a parent: Concepts, controversies, and conundrums. *Family Court Review*, 48 (1), 10-47.

Fine, M., & Hovestadt, A. J. (1987). What is family-of-origin therapy? In A. J. Hovestadt & M. Fine (Eds.), *Family of origin therapy* (pp. 11-20). Rockville, MD: Aspen.

Fischer, L. R. (1983). Transition to grandmotherhood. *International Journal of Aging and Human Development, 16,* 67-78.

Fiske, A., Wetherell, J. L., & Gatz, M. (2009). Depression in older adults. *Annual Review of Clinical Psychology, 5*, 363-389.

Fujisawa, D., Miyashita, M., Nakajima, S., Ito, M., Kato, M., & Kim, Y. (2010). Prevalence and determinants of complicated grief in general population. *Journal of Affective Disorders, 127*, 352-358.

Fuller-Thomson, E., & Minkler, M. (2001). American grandparents providing extensive child care to their grandchildren: Prevalence and profile. *The Gerontologist, 41,* 201-209.

Gardner, R. (1985). Recent trends in divorce and custody litigation. *The Academy Forum, 29*(2), 3-7.

Gardner, R. (1987). Child custody. In J. Noshpitz (Ed.), *Basic handbook of child psychiatry* (Vol. V, pp. 637-646). New York, NY: Basic Books.

Gardner, R. (1992). *The parental alienation syndrome: A guide for mental health and legal professionals.* Cresskill, NJ: Creative Therapeutics.

Gardner, R. (1998). *The parental alienation syndrome* (2nd ed.). Cresskill, NJ: Creative Therapeutics.

Gardner, R. (2002). Parental alienation syndrome vs. parental alienation: Which diagnosis should evaluators use in child-custody disputes? *American Journal of Forensic Psychology, 20*(9), 93-115.

Gibson, J. M., & Donigan, J. (1993). Use of Bowen theory. *Journal of Addictions and Offender Counseling, 62*, 25-35.

Gilbert, R. M. (2013). *The eight concepts of Bowen theory*. Pompano Beach, FL: Leading Systems Press.

Gladstone, J. (1988). Perceived changes in grandmother-grandchild relations following a child's separation or divorce. *The Gerontologist, 28,* 66-72.

Glass, R. M. (2005). Is grief a disease? Sometimes. *JAMA*, *293*, 2658-2659.

Glass, T. A., Prigerson, H. G., Kasl, S. V., & Mendes de Leon, C. F. (1995). The effects of negative life events on alcohol consumption among older men and women. *Journal of Gerontology, 50B,* S205-S216.

Goldberg, W., & Goldberg, L. (2013). Psychotherapy with targeted parents. In A. J. L. Baker & S. R. Sauber (Eds.), *Working with alienated children and families: A clinical guidebook* (pp. 108-128). New York, NY: Routledge.

Goldenberg, H., & Goldenberg, I. (2008). *Family therapy: An overview.* Belmont, CA: Brooks/Cole.

Goodman, C., & Silverstein, M. (2002). Grandmothers raising grandchildren: Family structure and well-being in culturally diverse families. *The Gerontologist, 42*(5), 676-689.

Gray, R., Fitch, M., Davis, C., & Phillips, C. (1997). A qualitative study of breast cancer self-help groups. *Psycho-Oncology, 6*, 279-289.

Hagestad, G. O. (1985). Continuity and connectedness. In V. L. Bengston & J. F. Robertson (Eds.), *Grandparenthood* (pp. 27-30). London: Sage.

Hasin, D. S., Goodwin, R. D., Stinson, F. S., & Grant, B. F. (2005). Epidemiology of major depressive disorder: Results from the National Epidemiologic Survey on Alcoholism and Related Conditions. *Archives of General Psychiatry, 62*, 1097–1106.

Hetherington, E.M., Cox, M. & Cox, R. Long-term effects of divorce and remarriage on the adjustment of children. *Journal of the American Academy of Psychiatry.* 24:5, 518-530

Hughes, J. L., Camden, A. A., & Yangchen, T. (2016). Rethinking and updating demographic questions: Guidance to improve descriptions of research samples. *Psi Chi Journal of Psychological Research, 21*(3), 2164-3204.

Idler, E., & Benyamini, Y. (1997). Self-rated health and mortality: A review of twenty-seven community studies. *Journal of Health and Social Behavior, 38*(1), 21-37.

Ingulli, E. D. (1985). Grandparent visitation rights: Social policies and legal rights. *West Virginia Law Review, 87,* 295-334.

Irwin, M., Daniels, M., & Weiner, I. (1987). Immune and neuroendocrine changes during bereavement. *Psychiatric Clinics of North America, 10,* 449-465.

Johnson, C. L. (1988). Active and latent functions of grandparenting during the divorce process. *The Gerontologist, 28*(2), 185-191.

Johnston, J. R., Walters, M. G., & Oleson, N. W. (2005). The psychological functioning of alienated children in custody disputing families: An exploratory study. *American Journal of Forensic Psychology, 23*(3), 39-64.

Kaplow, Julie & Layne, Christopher & Pynoos, Robert. (2014). *Persistent Complex Bereavement Disorder as a call to action: Using a proposed DSM-5 diagnosis to advance the field of childhood grief.* Traumatic Stress Points. Retrieved from https://www.istss.org/education-research/traumatic-stresspoints/2014-january/persistent-complex-bereavement-disorder-as-a-call.aspx

Kapro, J., Koskenvuo, M., & Rita, H. (1987). Mortality after bereavement: A prospective study of 95,647 widowed persons. *American Journal of Public Health, 77,* 283-287.

Kerr, M. E. (1991). Family systems theory and therapy. In A. S. Gurman & D. P. Kniskern (Eds.), *Handbook of family therapy* (pp. 226-262). Los Angeles, CA: Routledge.

Kerr, M. E., & Bowen, M. (1988). *Family evaluation*. New York, NY: W. W. Norton.

Kivnik, H. Q. (1982). Grandparenthood: An overview of meaning and mental health. *The Gerontologist, 22,* 59-66.

Kolomer, S. (2008). Grandparent caregivers. *Journal of Gerontological Social Work, 50*, 321-324.

Koo, Y. W., Kolves, K., & DeLeo, D. (2017). Suicide in older adults: Differences between the young-old, middle-old, and oldest-old. *International Psychogeriatrics*, *29*(8), 1297-1306.

Kornhaber, A. (1996). *Contemporary grandparenting.* Thousand Oaks, CA: Sage.

Kornhaber, A., & Woodward, K. L. (1981). *Grandparents/grandchildren: The vital connection.* New York, NY: Anchor Press/Doubleday.

Kruk, E. (1992). Psychological and structural factors contributing to the disengagement of noncustodial fathers after divorce. *Family and Conciliation Courts Review, 29*(2), 81-101.

Kruk, E. (1994). The "disengaged" noncustodial father; Implications for social work practice with the divorced family. *Social Work, 39(*1), 15-25.

Kruk, E. (1995). Grandparent-grandchild contact loss: Findings from a grandparents rights' group members. *Canadian Journal on Aging, 14,* 737-754.

Kruk, E. & Hall, B.L. (1995). The disengagement of paternal grandparents subsequent to divorce. *Journal of Divorce and remarriage, 23,* 131-147.

Kruk, E. (2010). Parental and social institutional responsibilities to children's needs in the divorce transition: Father's perspectives. *Journal of Men's Studies, 18*(2), 159-178.

Kuhn, R., Rahman, O., & Menken, J. (2006). Survey measures of health: How well do self-reported and observed indicators measure health and predict mortality? In B. Cohen & J. Menken (Eds.), *Aging in sub-saharan Africa: recommendation for further research* (pp. 314-344). Washington, DC: National Academies Press.

Kyrouz, E. M., Humphreys, K., & Loomis, C. (2002). A review of research on the effectiveness of self-help mutual aid groups. In B. J. White & E. J. Madera (Eds.), *American Self-Help Clearinghouse self-help group sourcebook* (7th ed., pp. 71-85). Cedar Knolls, NJ: American Self-Help Group Clearinghouse.

Latham, A. E., & Prigerson, H. G. (2004). Suicidality and bereavement: Complicated grief as psychiatric disorder presenting greatest risk for suicidality. *Suicide & Life-Threatening Behavior, 34*(4), 350-362.

Lavers, C. A., & Sonuga-Barke, E. J. S. (1997). Annotation: On the grandmother's role in the adjustment and maladjustment of grandchildren. *Journal of Child Psychology and Psychiatry, 38,* 747-753.

Lidz, T. (1968). *The person.* New York, NY: Basic Books.

Linehan, M. M. (1981). *The Suicidal Behaviors Questionnaire (SBQ).* Unpublished instrument, University of Washington, Seattle.

Linn, P. S., Linn, M. W., & Gurel, L. (1968). Cumulative illness rating scale. *Journal American Geriatric Society. 16,* 622-627.

Luoma, J. B., & Pearson, J. L. (2002). Suicide and marital status in the United States, 1991-1996: Is widowhood a risk factor? *American Journal of Public Health, 92*, 1518-1522.

Lussier, G., Deater-Deckard, K., Dunn, J., & Davies, L. (2002). Support across two generations: Children's closeness to grandparents following parental divorce and remarriage. *Journal of Family Psychology, 16*(3), 363-395.

Miller, R. B., Anderson, S., & Davelyne, K. K. (2004). Is Bowen theory valid? A review of basic research. *Journal of Marital and Family Therapy, 30*(4), 453-466.

Mizrahi, T., & Davis, L. E. (Eds.). (2011). *Encyclopedia of social work* (20th ed.). New York, NY: Oxford.

Monte, L. (2017) *Fertility Research Brief*, Current Population Reports, P70BR-147, U.S. Census Bureau, Washington, DC, 2017.

Myers, J. E., & Perrin, N. (1992). Grandparents affected by parental divorce: A population at risk? *Journal of Counseling and Development, 72*(5), 62-66.

National Center for Health Statistics. (2017). *Health, United States.* Retrieved from

Centers for Disease Control and Prevention. (2017). *Depression is not a normal part of life.* Retrieved from http://www.cdc.gov/aging/mentalhealth/depression.htm.

National Institute of Mental Health. (2019). *Major depression*. Retrieved from http://www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adults.shtml.

Neugebauer, R. (1989). Divorce, custody, and visitation: The child's point of view. *Journal of Divorce, 12*(2-3), 146-160.

Newman, I., Lim, J., & Pineda, F. (2013). Content validity using a mixed methods approach: Its application and development through the use of a table of specifications methodology. *Journal of Mixed Methods Research, 7*(3), 243-260.

Newman, I., Newman, D., & Newman, C. (2011). Writing research articles using mixed methods: Methodological considerations to help you get published. In T. S. Rocco & T. Hatcher (Eds.), *The handbook of scholarly writing and publishing* (pp. 191-208). San Francisco, CA: Jossey-Bass.

Newson, R. S., Boelen, P. A., Hek, K., Hofman, A., & Tiemeier, H. (2011). The prevalence and characteristics of complicated grief in older adults. *Journal of Affective Disorders, 132*, 231-238.

Oliver, J. E. (1993). Intergenerational transmission of child abuse: Rates, research, and clinical implications. *American Journal of Psychiatry, 150,* 1315-1324.

Osman, A., Bagge, C. L., Gutierrez, P. M., Konick, L. C., Kopper, B. A. & Barrios, F. X. (2001). The Suicidal Behaviors Questionnaire-Revised (SBQ-R): Validation with clinical and nonclinical samples. *Assessment, 8*(44), 443-454.

Parkes, Colin. (1990). Risk factors in bereavement: Implications for the prevention and treatment of pathologic grief. *Psychiatric Annals*. 20. 308-313. 10.3928/0048-5713-19900601-07.

Prigerson, H. G., Frank, E., Kasl, S. V., Reynolds, C. F., Anderson, B., Zurenko, G. S. ... Kupfer, D. J. (1995). Complicated grief and bereavement-related depression as distinct disorders: Preliminary empirical validation in elderly bereaved spouses. *American Journal of Psychiatry, 152,* 22-30.

Prigerson, H. G., & Jacobs, S. C. (2001). Perspectives on care at the close of life: Caring for bereaved patients. *JAMA, 19,* 1369-1376.

Prigerson, H. G., Maciejewski, P. K., Reynolds, C. F., Bierhals, A. J., Newsome, J. T., Fasiczka, A. ... Miller, M. (1995). Complicated Grief Assessment (CGA): A scale to measure maladaptive symptoms of loss. *Psychiatry Press, 59*(1-2), 65-79.

Robertson, J. F. (1975). Interaction in three generational families, parents as mediators: Toward a theoretical perspective. *International Journal of Aging and Human Development, 6,* 103-110.

Rowe, C. A., Walker, K. L., Britton, P. C., & Hirsch, J. K. (2013). The relationship between negative life events and suicidal behavior: Moderating role of basic psychological needs. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 34*(4), 233-241.

Schutter, M. (1997). Grandparents and children of divorce: Their contrasting perceptions and desires for relationship. *Educational Gerontology, 23*(3), 213-232.

Shear, K. (2015). Complicated grief. *New England Journal of Medicine. 372: 153-160.*

Silverstein, M., & Marenco, A. (2001). How Americans enact the grandparent role across the family life course. *Journal of Family Issues, 22,* 493-522.

Smith, M. S. (1991). An evolutionary perspective on grandparent-grandchild relationships. In P. K. Smith (Ed.), *The psychology of grandparenthood: An international perspective* (pp. 157-176). London: Routledge.

Stroebe, M. S., & Stroebe, W. (1993). The mortality of bereavement. In M. S. Stroebe, W. Stroebe, & R. O. Hansson (Eds.), *Handbook of bereavement: Theory, research, and intervention* (pp. 175-195). New York, NY: Cambridge University Press.

Sturt, K. (2013). *Surprising facts about grandparents.* Retrieved from http://www.grandparents.com

Swenson, C. J., Baxter, J., Shetterly, S. M., Scarbro, S. L., & Hamman, R. F. (2000). Depressive symptoms in Hispanic and non-Hispanic white rural elderly: The San Luis Valley Health and Aging Study. *American Journal of Epidemiology, 152,* 1048–1055.

Warshak, R. (2003). Bringing sense to parental alienation: A look at the disputes and the evidence. *Family Law Quarterly, 37*, 273-301.

Warshak, R. A. (2006). Social Science and Parental Alienation: Examining the Disputes and the Evidence. In R. A. Gardner, R. Sauber, and D. Lorandos (Eds.), *The*

International Handbook of Parental Alienation Syndrome: Conceptual, Clinical and Legal Considerations. Springfield, IL: Charles C. Thomas Publisher, LTD.

Warshak, R. (2010). *Divorce poison*. New York, NY: Harper.

Warshak, R. (2012). Managing severe cases of parental alienation syndrome. In *Third Annual Advanced Family Law Course*. Houston, TX: State Bar of Texas.

West, S. G., Finch, J. F., & Curran, P. J. (1995). Structural equation models with non-normal variables: Problems and remedies. In R. J. Hoyle (Ed.), *Structural equation modeling: Concepts, issues and applications* (pp. 56-75). Thousand Oaks, CA: Sage.

Zhang, B., El-Jawahri, A., & Prigerson, H. (2006). Update on bereavement research: Evidence-based guidelines for the diagnosis and treatment of complicated grief. *Journal of Palliative Medicine, 9*, 1888-1203.

Zisook, S., & Shughter, S. (1993). Uncomplicated bereavement. *Journal of Clinical Psychiatry, 54,* 365-372.