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The Influence of a Grandfather's Disease Process and Death on the Formation of
Personal Identity in a Granddaughter

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Abstract

This case study investigated the influence of a grandfather with Parkinson's disease and his death on the development of personal identity in his granddaughter. The case was complicated by the granddaughter's diagnosis at age 20 with a potentially terminal illness 3 months after his death. The granddaughter experienced symptoms similar to those of her grandfather. Analysis of a retrospective interview with the granddaughter revealed four themes: shared interests, coping skills and adaptation, enlightenment, and influence. These themes were examined within the context of Erik H. Erikson's (1950) theory of identity development as a conceptual framework for understanding the influence of the grandfather-granddaughter relationship.

The Influence of a Grandfather's Disease Process and Death on the Formation of Personal Identity in a Granddaughter

This case study investigated the influence of a grandfather with Parkinson's disease, and his death, on the development of personal identity in his granddaughter. The relationship is examined within the context of Erik H. Erikson's theory of identity development (Erikson 1950) as a conceptual framework for understanding the influence of the grandfather-granddaughter relationship. This particular relationship was complicated by the granddaughter's diagnosis of a potentially terminal neurological diagnosis just 3 months after her grandfather's death when the granddaughter was 20 years of age. The granddaughter experienced symptoms similar to those of her grandfather. This case study represents several important issues that are salient to grandparental relationships and its complexity allows for a detailed exploration of these topics within the context of identity formation.

Literature Review

Shifting demographics are changing the nature of grandparental relationships and may have ramifications for the way in which grandchildren complete the tasks associated with the formation of personal identity. More grandchildren enter adulthood with one or more grandparents living, providing opportunities for meaningful relationships (Hodgson 1998; Roberto, Allen, and Blieszner 2001; Szinovacz 1998; Werner, Lowenstein, and Katz 1998). Additional transformations in the social structure of families, including the divorce rate, smaller family size, increased numbers of working women, and the growing number of years spent in retirement has also influenced the nature of these relationships (Van Ranst, Verschueren, and Marcoen 1995). The ability to better manage health

concerns, including chronic diseases, has lowered the death rate and has resulted in more older adults living with diseases (Rowe and Kahn 1998). Approximately 80% of those 65 and older have one chronic disease and 50% have two or more (Centers for Disease Control and Prevention 1999). More grandchildren may experience relationships with grandparents that continue to develop into middle adulthood and include some component of disease. They may live through the death of a grandparent as an adult, rather than as a child, and suffer the loss of a long-term relationship. These trends suggest that the process of identity development in grandchildren may be altered as a result of these interactions and experiences. Thus, the importance of grandparent (G1)-grandchild (G3) relationships should not be viewed as one that is tangential in terms of family-oriented research (Szinovacz 1998), but as one which may offer supportive relationships of significance (Creasey and Koblewski 1991) and is worthy of further investigation (Crosnoe and Elder, Jr. 2002). Research which explores G1-G3 interactions across time is needed (Holladay et al. 1998).

We do know that grandchildren view these relationships as important (Van Ranst et al. 1995; Wiscott and Kopera-Frye 2000), of high quality (Kennedy 1992), and influential (Taylor 1998). Family ideals, moral beliefs, and the value placed on work were areas that were noted by grandchildren as having been most strongly influenced by their “closest” grandparent (Brussoni and Boon 1998). College students indicated that they would feel sadness when their grandparent died (Sanders and Trygstad 1993) and deaths of grandparents are often associated with significant distress for adolescent grandchildren (Ens and Bond, Jr. 2005). However, investigation into the effects of an overlay of disease (Creasey and Kaliher 1994) and the death of a grandparent on an adult

grandchild is limited. Many grandparents are now living longer, but are older and disabled (Uhlenberg and Kirby 1998). College students with grandparents in poor health and with older grandparents rated their relationship with those grandparents as less strong (Sanders and Trygstad 1993). Other researchers have investigated the effects of Alzheimer's disease on granddaughters and discovered that granddaughters experience embarrassment because of their grandmothers' behavior (Howard and Singleton 2001). Additionally, grandchildren of healthy grandparents interact with their grandparents more frequently than grandchildren of grandparents with Alzheimer's disease (Werner and Lowenstein 2001) and perceive the relationships with grandparents with Alzheimer's disease as poorer (Creasey et al. 1989). Grandparental influence and the effects of a grandparent's disease process and death on the development of identity are areas of consequence, and research that examines developmental processes is needed.

Conceptual Framework

Erik H. Erikson's theory of identity development provides a framework for understanding identity formation within the context of the G1-G3 relationship and will be utilized as a guide for discussion of the results. According to Erikson, identity "connotes both a persistent sameness within oneself (selfsameness) and a persistent sharing of some kind of essential character with others" (1959, 1980:109). In adolescence, identity formation provides a sense of psychosocial equilibrium that prepares the individual to move forward and address the tasks of adulthood (161). The process of identity formation is for the most part unconscious and not specific to adolescence, but is a lifelong process (122).

The theory suggests that there is the need to complete tasks and face crises within a series of distinct and progressive stages that occur across the lifespan. The stages are dynamic, in that the individual may float between two stages, and move forward only when an even higher stage begins to come into play (1978:28). The tasks are described in terms of a positive and a negative (i.e., basic trust vs. basic mistrust or intimacy vs. isolation), yet identity development should not be viewed in terms of success or failure. If an individual is able to acquire more of a positive balance than a negative one in any given stage, then this better prepares the individual to handle later crises and results in a more unimpaired total development (1959, 1980:181). The environment in which the individual finds himself influences how those tasks are solved through the “social processes which offer workable prototypes and roles” (1950:412).

As *two* individuals are involved in any relationship, the implication is that the relationship is influenced by the *interaction* between two individuals who are in the process of working on tasks associated with different stages of life, and that this interaction will change as the relationship progresses through time. In using Erikson’s theory as a foundation from which to investigate G1-G3 relationships, it clear that the *process* of identity formation takes place as a consequence of the *interaction* between two individuals, and that particularly in the G1-G3 relationship, the divergence of stages and thus tasks is more extreme than in other relationships (Erikson, Erikson, and Kivnick 1986). This may result in an asymmetrical relationship, dependent upon the stage of life the grandparent and grandchild are in: “the context and characteristics of the relationship between an 8-year-old and her 55-year-old grandmother will be different from when that child becomes an 18-year-old college student and her grandmother, a 65-year-old new

retiree...” (Hodgson 1998:173). Thus, this “work” of identity building will differ, not only because of individual differences, but also due to the appropriate developmental tasks that need to be managed (Balk and Vesta 1998; Ens and Bond, Jr. 2005) within each stage.

Erikson’s theory, which provides for a lifelong process of identity development, is an appropriate conceptual framework for exploring G1-G3 relationships that often connect the beginning and ending of life. Erikson presents human growth as inner and outer conflicts “which the healthy personality weathers, emerging and re-emerging with an increased sense of inner unity, with an increase of good judgment, and an increase in the capacity to do well, according to the standards of those who are significant to (the individual)” (1959, 1980:52). The questions of *if and how* G1-G3 relationships affect the developmental tasks of each individual remain largely unexplored, particularly with an overlay of a disease process.

Case Study Purpose and Method

The purpose of this case study was to examine an atypical grandfather-granddaughter dyad through an in-depth, retrospective interview with the granddaughter. Previous research studies have utilized a similar method of “reconstructing” relationships in grandparent-grandchild research (Holladay et al. 1998; Howard and Singleton 2001) and extreme or atypical cases “often reveal more information” (Flyvbjerg 2001:78) about a subject under investigation. Erikson utilized case studies “for purposes of demonstration....which highlight in an unusually dramatic way the principles governing the usual” (1950:45).

This case *is* unusual in several different ways: the relationship was non-biological; the overlay of the Parkinson's disease process in the relationship was severe and lasted for 12 years; the granddaughter was diagnosed after the grandfather's death with a potentially terminal diagnosis that mirrored symptoms she had observed in her grandfather; and the utilization of the relationship with the grandfather after his death to cope with the diagnosis, and the resulting reassessment of that relationship. Thus, an exploration of *this* perspective, because of its uniqueness, may assist in discovering realities inherent within more typical relationships.

Method

Permission for the study was obtained from the Institutional Review Board of Oregon State University. Informed consent was obtained from the granddaughter, who was co-investigator and co-author of this paper.

A qualitative, retrospective, narrative life history approach was utilized to allow for the exploration of memories, thoughts, and feelings associated with the granddaughter's experiences of her grandfather. In a one-on-one taped interview format, the granddaughter was given one directive: *Talk about your grandfather from your earliest memory until his death.* This question, framed as a statement, was designed to bring personal meaning and areas of importance to the forefront without an overlay of structure that might have been irrelevant. The question allowed for an in-depth collection of data through the granddaughter's own account of the experience (Denscombe 2004). Minimal encouragers and follow-up questions were asked occasionally to clarify certain points within the flow of the interview. A break was taken when issues became emotionally difficult.

The main goal of this study was to investigate the following question:

1. What was the perceived effect of a grandfather-grandchild relationship that included a chronic progressive disease and death of a grandfather on the formation of personal identity in an adult granddaughter with her own neurological diagnosis?

Once the retrospective, narrative life history was completed, the tapes were transcribed by the first author. In order to gain an intimate knowledge of the substance of the data, both authors separately read the transcript multiple times. Repetitive themes and concepts that emerged from the transcript were also separately identified. Both authors then came back together to compare, revise, and agree upon the central themes. The co-author continued to be actively involved in the analysis of the themes and in the preparation of the manuscript.

Results

Biographical Background

Maggie (pseudonym) and her grandfather were not biologically related. He was the only grandfather Maggie ever knew, and indeed, Maggie mentions this status only incidentally. In her perception, it does not appear to be relevant to the nature of the relationship. Maggie mentions her grandmother, parents, and other family members at times, indicating that she was aware of the context of her relationship with her grandfather as part of a larger family system, although Maggie did not appear to perceive her parents to be significant mediators of the grandparental relationship.

Her grandfather was 58 at the time of Maggie's birth. Maggie did not live with her grandparents, but until the age of 15 she lived in the same town, and after that time

continued to spend the majority of her summer vacations with them. Her grandfather was diagnosed with Parkinson's disease at age 66; Maggie was eight. She did not learn of the diagnosis until about age 12. Therefore, her grandfather experienced personality changes, memory loss, and a decline in his ability to function across 12 years of their relationship. Maggie's grandfather died at age 78; she was 20. Maggie was diagnosed 3 months after his death with two brain cysts and experienced personality changes and memory loss, similar in experience to what her grandfather had lived through.

At the time of the research study, Maggie was a college student, majoring in Human Development and Family Sciences. She presented a narrative description of her relationship with her grandfather to meet the requirements of a class project in an adult development and aging course. After the class was completed, the research study was initiated.

Themes

The themes that became apparent during the review of the manuscript included shared interests, coping skills and adaptation, enlightenment, and influence. These themes were *expressions* of the impact of the grandparental relationship on the formation of Maggie's personal identity. In other words, as Maggie reflected on her experiences with her grandfather in the interview process, these experiences could be grouped under certain categories. The experiences in each category had a unifying thread which made them similar to one another and different from the other categories; thereby resulting in a theme.

Discussion

Intimacy vs. Isolation

Although Maggie progressed through six of Erikson's stages while her grandfather was alive, the following discussion will largely be limited to an examination of the themes within the intimacy vs. isolation stage (ages 19-25). Limiting the discussion to this one stage allows for a detailed review of each theme within the same context. Several of the most unique aspects of this case are highlighted in this stage: the severity of the grandfather's disease symptoms, his corresponding death, the granddaughter's diagnosis and experience of similar disease symptoms, the utilization of the relationship after his death to formulate personal identity, and the reassessment of the relationship that was a result of the empathy she acquired.

Erikson describes intimacy as "the capacity to commit...to concrete affiliations and partnerships and to develop the ethical strength to abide by such commitments, even though they may call for significant sacrifices and compromises" (1950:263). The concept of intimacy is inclusive in that speaks to not just a sexual relationship, but to relationships of all types. The forms of intimacy might be quite diverse, including close associations, friendships, inspiration by others, physical combat, leadership, intuition, and sexual unions (1950; 1959, 1980). Love is the ultimate consequence of working through this stage with a more positive balance than negative. If the balance is more negative than positive, then there may be a "deep sense of isolation and consequent self-absorption" (1950:264) or even "the readiness to repudiate, to isolate, and, if necessary, to destroy those forces and people whose essence seems dangerous to one's own" (1959, 1980:101).

Shared Interests

Maggie perceived herself as similar in personality to her grandfather, and a theme of shared interests was evident in their relationship. They shared similar likes and dislikes, even when it came to simple food preferences: “we liked to eat the same things, we hated the same foods, we didn’t like pickles...so we kind of had that bond...”

These preferences were representative of more than just food choice; it provided an opportunity, as Maggie states, to bond with her grandfather and begin a close affiliation with him. This bonding took place in the form of many different activities, including playing cards, watching football, the sharing of her grandfather’s life stories, and full conversations about the meaning of life. These shared interests provided the foundation for the relationship:

But I really liked football and grandpa really liked football. So I really remember when I was first getting into football...I was really into football. My grandpa just loved football. He would always say there was nothing better in the world than drinking beer, eating peanuts and watching football. And I mean, that was really it. We always had a little bowl that was like a giant peanut and fill it with peanuts and crack open a [beer] and he would sit there in his chair and watch football...

Maggie’s reference to “that was really it” illustrates the importance of these shared interests in her view of the relationship. Contentment and happiness are evident in her description. The value that Maggie placed on sharing interests was evident when she looked for ways to continue the relationship despite the effects of Parkinson’s disease:

So I loved talking to my grandpa about his history. So that was our new thing. You know, I always had to have a thing that I could do with my grandpa whether it was watching football or playing cards. And so now in his later stage of Parkinson's he would tell me stories. And he just had the greatest stories. And he would always pretty much tell the same stories over and over again. But it didn't matter. Because they were that good.

Shared interests were important to the development of the relationship, assisted in forming the structure of their interactions, were altered by the disease process, and influenced Maggie as she worked on tasks associated with the development of personal identity. Although the theme of shared interests appears throughout the course of their relationship, Maggie *actively* looked for ways to continue with some sort of shared interest once the Parkinson's began to affect established routines. This willingness to take action in order to maintain those shared interests in the face of the disease was an aspect of her identity development.

The overlay of the disease process forced Maggie to make a choice: to have the 'ethical strength' to continue with the relationship even though it entailed sacrifice on her part, or to draw away from that commitment. Without the disease process, Maggie would not have had to listen to repetitive stories or to endure other sacrifices; she and her grandfather may well have continued with football and card-playing. Her grandfather, and the disease process, influenced the expression of this theme of shared interests, and had implications for Maggie and her ability to work through the developmentally appropriate tasks related to this stage.

Coping Skills and Adaptation

The emergence of coping as a theme is directly tied to the disease process. Without the diagnosis of Parkinson's, Maggie would not have had the same interactions with her grandfather. Primary aging processes may have had a similar, but greatly reduced impact on her interactions with him. In her need to cope and adapt because of the disease process, her identity development was placed on a different developmental trajectory.

Maggie initially coped with the diagnosis by ignoring its existence. As the Parkinson's progressed and Maggie grew older, the effects of the Parkinson's on her grandfather's physical and cognitive functioning could no longer be denied. Maggie describes her frustration and the transformation in their relationship:

So then we tried to keep doing blackjack and then he would refuse to play...I think he was embarrassed that he couldn't play and that he was very slow. Which was very hard for me because I wasn't very understanding, I mean, I never said anything. But I was always like "god why is he taking so long?" in my head. But I never said anything, I never treated him poorly, but yea, I just think he had a feeling that he was kind of not as 'with it' as he was and so he didn't want to have me see that so he stopped playing cards.

Eventually, Maggie progressed to becoming a caregiver, and attempted to remediate some of the symptoms of the disease. This was driven by her own belief that if she didn't attempt to intervene, she would be failing in her role as a granddaughter:

So for meals and things of that sort I would make deals with grandpa. Because he was putting so much pressure on my grandma and she would confide in me that it was a lot and she was thinking about getting in home care for a couple hours a day just to relieve her. And I was like, “no grandma, that’s too expensive, you just have to make grandpa”...And so I think I did it because I didn’t want her to get in home care. I didn’t want to realize that that’s where he was at or that she needed that because that made me feel like I was failing. So that’s when I began to say, “Hey grandpa if you take your plate in, I will do the dishes for grandma so she can sit and watch TV with you.” And that worked. I mean, he really would, he would get his plate and I swear I didn’t think he would do it. You know, and I would have done the dishes anyway. But he would get up and he would walk his plate in.

The ability to assist her grandfather became an important component in the relationship. She substituted her enjoyment in sharing similar interests for the pleasure of feeling that she was improving her grandfather’s quality of life. Maggie was well aware of the alteration in their relationship:

So then I pretty much took over caregiving roles when I could. You know, so it would give grandma a break cause I was really against in home care. I was just against it. And I think he really appreciated that. And I really enjoyed it because I just thought that was great that I could you know, help him.

This role became central to her personal definition of the relationship. She viewed herself as having an important role to play as his dementia and physical functioning worsened:

You know it was just very slow decline, he finally stopped taking his pills. We couldn't get him to take his pills. I would sit there until he would take them, cause I was stubborn. And there was no way I would let my grandpa not take his pills. I mean, he has to have his pills.

Maggie assumed the role of caregiver for her grandfather during the stage of identity vs. role confusion and continued as a caregiver in the intimacy vs. isolation stage even as the disease and his symptoms progressed. Her initial disdain for in-home care is reflective of the tasks in this stage to develop close, intimate, meaningful relationships. Maggie was caring for her grandfather; she was central in his life. Not to care for him implied failure of the relationship. In the face of worsening symptoms, a paid caregiver was eventually hired, and the grandfather developed a relationship with the caregiver that was, according to Maggie, heartwarming to watch develop. Maggie was able to allow others to enter this deeply personal relationship, recognizing it as a benefit to all. These experiences are dramatically different than those of a granddaughter with a grandfather without a disease. Maggie viewed herself in the role of caregiver, with all that this entails in terms of sacrifice and compromise to the relationship that she once enjoyed, and this was an influence on the formation of her personal identity.

A relationship that was built upon shared activities and similar likes and dislikes was eventually transformed by the progressive nature of Parkinson's disease. Maggie's development and the corresponding "work" of identity formation were influenced by her

need to cope and adapt as her grandfather's symptoms worsened and eventually led to his death.

Enlightenment

Maggie's continuing work on her own identity in the intimacy vs. isolation stage was affected after her grandfather's death by her own personal struggle. At age 20, just 3 months after his death, Maggie was diagnosed with two brain cysts after experiencing severe headaches. One fist-sized cyst was in the parietal lobe and the other was pinching her optic nerve. Maggie explained the seriousness of the diagnosis:

So there was something going on, something was not making sense, because I'm a normally functioning person and if a quarter of your brain is gone, especially in the parietal lobe, I'd be dead. So that was really nice for someone to tell me that I'd be dead.

After many tests, she was told that the medical establishment could not explain what was happening to her and was given medication. She found other resources, including websites, books, and articles that could answer some of her questions. As she learned more about brain function and her own situation, she observed similarities with her grandfather. She seriously investigated Parkinson's disease. The information that she acquired helped her to reframe her experiences, interactions with her grandfather, and caused her to draw parallels between her own situation and that of her grandfather:

Just kind of realizing how much you rely on pills when something is wrong with you... I didn't like it. I didn't like taking my medication. I knew it was doing me good but I just would constantly think of him falling asleep on the couch and then having his pills come out [of his mouth]. Then I started putting two and two

together ...In learning about the brain I began to understand what my grandpa was going through. And it was like reliving it for me. Because I had never really let go of him. You know, it wasn't like bye. It was like you're always going to be with me, you know...

Maggie was actually *experiencing* what she had watched her grandfather live with for many years. Whereas before she could feel sympathy for her grandfather, now she could empathize in very real and concrete ways. She could understand what her grandfather had experienced, because she was now experiencing it herself:

My side effects which I see my grandpa having, bad eyesight, which I used to have better than 20/20 and now I have to wear glasses permanently. My memory is terrible...I'm still able to retain information but I don't have a clue what X Y and Z just said. I was listening, but I can't remember. So I end up asking things over and over again. And it's very annoying. It even annoys myself. But that's what grandpa would do. He would ask the same question over and over again...I really wish I hadn't got annoyed with him because I can only imagine what people are thinking of me now. Because I just I don't remember even asking. It's not that I don't remember the answer, I don't even remember that I even asked.

These illuminating experiences were able to move her beyond the interactions that involved caregiving for her grandfather. She was actually able to place herself within the experience of her grandfather as a care recipient. Before her own diagnosis, her grandfather's repetitive questioning was frustrating to her. She understood even then that it was the disease process; but now, after the diagnosis, Maggie understood that the

repetitive questioning might have been just as frustrating *for her grandfather*. After experiencing some of the very same symptoms that her grandfather had experienced, Maggie gained a deeper understanding of what her grandfather had gone through. She became enlightened in terms of the meaning of that relationship as a *mutual* interaction. She was able to see his side of that shared experience, an intimacy that not many attain. Her grandfather's essence and the memory of their relationship became a strength that she could draw upon.

In a stage where young adults are concerned with the tasks of creating meaningful relationships, Maggie was struggling to understand that she may no longer have that opportunity. She could have isolated herself, and become completely self-absorbed in her own situation and possible impending death. Instead, her identity building became polarized around her grandfather. He became the focus, which caused her to work on these tasks in ways that would have been very different had he not been a part of her life, and if he had not experienced Parkinson's. Maggie's identity development may very well have been affected by many more feelings of isolation had she not had a relationship with her grandfather that she could draw upon even after his death. She used his life, his experiences, and her memories of her relationship with him as a framework for understanding her own significant life events. Her ability to address identity issues within this stage are molded by her memories of her grandfather.

Influence

The relationship with her grandfather was evident throughout Maggie's life, and, as he approached death, she was involved in tasks related to the intimacy vs. isolation

stage. Although her grandfather utilized language sparingly at this point, he was able to speak to Maggie:

....and I was crying... and he was just like “why are you crying?” And I mean, these are the clearest words he’s spoken to me in a long time. And I was like, “I’m going to miss you grandpa, you know, I want to be here for you.” And he’s like, “you just need to stop being over dramatic and go to school”...and “besides, you know I love you anyway.” And I was like, “dear god, my grandpa said I love you.” I was like, “I love you too.” So I helped him into bed and I walk out and I’m bawling ...but he had said something about a book and how, how’s there no reason for me to overreact about this because my book was just starting and his was ending. And I just thought that was pretty poetic for someone [tearful] that was giving up on life. So then we all said our goodbyes and then that was my grandpa [laugh].

Love is the main strength to be gained during the intimacy vs. isolation stage, and Maggie’s identity was influenced by the grandfather-granddaughter relationship: being told by her grandfather that she was loved was an extremely important event in her life. Her identity would have developed much differently if her grandfather had not been a part of her life; if he had not had the Parkinson’s which led to the dying process and which, in turn, precipitated the sharing of the words “I love you”. Perhaps another individual in Maggie’s life may have been able to influence the formation of her personal identity just as strongly, but it would have been in a much different manner, and would more than likely not have included a lengthy disease process that ended in a poignant goodbye.

After his death, and her own diagnosis, Maggie was able to reflect upon their interactions and relationship and evaluate it from a perspective of shared experiences. She was able to step back from her role as a granddaughter and viewed him as a person apart from his persona as a grandfather. A sharing of similar experiences because of her own diagnosis brought awareness to Maggie of the challenges faced by her grandfather every day. Her own experience of symptoms that mirrored her grandfather's helped her obtain a different level of respect for him:

You know, I have respect for my grandpa as my grandpa. But now I have respect for my grandpa as a person. As someone who is a survivor of Parkinson's. As someone who survived dementia and lived through it. As someone who fought for life. You know, because I could easily give up. And say, oh, I can't remember, I don't want to remember anymore. Like, he'll inspire me... I didn't let you see how bad I was getting, you know, my book is ending, yours isn't, you need to keep going....I'm 21. You know, I shouldn't give up. And so, I guess I don't want to change the relationship we had, but I utilize it now differently than I would. Like I don't just look at our relationship as in the past. I look at it now as it's still going. You know, he gave himself to me. I'm bringing some of him with me into what I do.

Her grandfather influenced her identity as he provided a framework for understanding what was happening to her as she experienced her own neurological diagnosis, dementia-like symptoms, and potential death during a stage that is focused on commitment (implying a future). In turn, her understanding of him intensified *after his death* and she used this understanding as a source of personal strength and as a reason for

not giving up on her own life. Her identity was influenced, and continued to be influenced even after his death, by the relationship.

Implications of the Case Study

This case study demonstrates the impact of the grandparental relationship on the formation of personal identity within this unique and atypical dyad. It is a case that helps to refute the societal view that G1-G3 relationships are not important (Brussoni and Boon 1998), and bolsters the argument that research on grandparents should enter “the mainstream of research on families and the elderly” (Szinovacz 1998:11).

The study does have major limitations. As a case study, it can not be generalized, and offers an understanding of the impact of one atypical and unique grandparental relationship on identity formation. It is additionally limited by the inclusion of only one perspective: the granddaughter’s. Although the utilization of the relationship after death to influence the development of personal identity was an aspect of the uniqueness of this case, future research might include perspectives of all generations to deepen the understanding of how mutual interactions influence identity development for each member. Additionally, generational studies might explore all possible permutations inherent within Erikson’s theory in terms of “matching” various stages within the generations, as well as accounting for gender differences.

Future research might also consider the importance of the disease process on the G1-G3 relationship. Indications are that grandchildren are becoming primary caregivers of elders (Dellman-Jenkins, Blankenmeyer, and Pinkard 2000), and as this case illustrates, inclusion of a disease process as a component of the relationship may have implications for the formation of personal identity.

Conclusion

The goal of this case study was to fully explore one granddaughter's perspective of her relationship with her grandfather to investigate the impact of the G1-G3 relationship on the formation of personal identity. Examination of the granddaughter's perspective revealed four themes: shared interests, coping skills and adaptation, enlightenment, and influence. These themes are present throughout the granddaughter's recounting of the relationship, at different periods of her life, and thus at different stages of identity development. In the intimacy vs. isolation stage of Erikson's theory of identity development, these themes acted as pathways for the influence of the grandfather to be expressed in her formation of personal identity, even after her grandfather's death. They were a means of influencing the formation of personal identity within this grandfather-granddaughter relationship.

The development of the relationships between grandparents and grandchildren across time are important, significant, worthy of attention, and in need of additional research (Mills 1999; Silverstein and Long 1998). As Erikson (1997) stated:

And indeed, the last stage of life seems to have great potential significance for the first; children in viable cultures are made thoughtful in a specific way by encounters with old people; and we may well ponder what will and must become of this relationship in the future when a ripe old age will be an 'averagely expectable' experience, to be planfully anticipated. (P. 63).

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