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## **Learning to Parent Again: An Investigation of the Role of Adult Education in the Phenomenon of Grandparents Raising Grandchildren**

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The University of Southern Mississippi

LEARNING TO PARENT AGAIN: AN INVESTIGATION OF THE ROLE  
OF ADULT EDUCATION IN THE PHENOMENON OF  
GRANDPARENTS RAISING GRANDCHILDREN

by

Deborah Annette Stover

Abstract of a Dissertation  
Submitted to the Graduate School  
of The University of Southern Mississippi  
in Partial Fulfillment of the Requirements  
for the Degree of Doctor of Education

May 2013

## ABSTRACT

# LEARNING TO PARENT AGAIN: AN INVESTIGATION OF THE ROLE OF ADULT EDUCATION IN THE PHENOMENON OF GRANDPARENTS RAISING GRANDCHILDREN

by Deborah Annette Stover

May 2013

This study examined the readiness for self-directed learning of parenting grandmothers. The researcher investigated whether parental self-efficacy beliefs and addiction beliefs were significantly correlated to parenting grandmothers' readiness for self-directed learning as measured by the Oddi Continuing Learning Instrument. Parental self-efficacy beliefs were investigated using the Parental Self-Efficacy Scale. Using the Addiction Belief Instrument, the researcher investigated the overall correlation of addiction belief to readiness for self-directed learning. The research also investigated whether the following beliefs significantly correlated to parenting grandmothers' readiness for self-directed: people with substance abuse disorders are unable to control their using and are responsible for their actions, addiction is a chronic disease, addiction is genetically based, and addiction is a sign of moral weakness. Twenty-seven parenting grandmothers were recruited for the study.

In this study, the findings indicated a significant correlation between parental efficacy beliefs and readiness for self-directed learning. The findings indicated a significant correlation between the addiction belief of people who abuse drugs and alcohol have the inability to control their use and readiness for self-directed learning.

The findings also indicated a significant correlation between the addiction belief of people who abuse drugs and alcohol are responsible for their actions and readiness for self-directed learning.

The findings of the study indicated no significant correlation between the belief of addiction is a chronic and readiness for self-directed learning, no significant correlation between the belief of addiction is genetically based and readiness for self-directed learning, and no significant correlation between the belief of addiction is a sign of moral weakness and readiness for self-directed learning. However, further research with a larger sample needs to be conducted before the findings of this study can be verified. Future adult education research that focuses on of the learning needs and learning systems of parenting grandparents through a variety of theoretical frames needs to be conducted.

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May 2013

## DEDICATION

With gratitude and much love, this work is dedicated to the memories of my loving parents, Mack and Alice Griffin Stover.

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## CHAPTER I

### INTRODUCTION

#### Background

I never intended on keeping her . . . just thought it was only going to for a little while . . . while my daughter got together . . . but . . . I wound up adopting her (smile). Now she get . . . I get kind of short patience with her at times cause of my age I am sure (laughter). But she is a lot of fun . . . a lot of joy. I worked hard with my daughter, but I feel like, like she let me down cause I tried to help her help her be a mom. She kept saying I'm going to go and get some help, but she never did. Today she is doing the same thang . . . and it . . . it hurts to see your child like that . . . It seem like everybody's chilren is on drugs. Well in my neighborhood (pause) . . . lot of grandmothers and even great grandmothers are raising chilren (Stover, 2010).

There has been a steady increase in the numbers of children who rely on grandparents as parents. Children with grandparents as their main caregivers increased from 2.5 million in 2005 to 2.9 million in 2010 (U. S. Bureau of Census, 2010). Currently, there are approximately 2.7 million grandparents responsible for parenting one or more grandchildren (with no parent present), of which 1.9 million are grandmothers (U. S. Bureau of Census, 2011). Data indicate that 43% of parenting grandmothers assume this role when their grandchildren are infants and provide full-time parental care for their grandchildren for at least a five-year time span (AARP, 2000). Eighty-eight percent of parenting grandmothers care for grandchildren who are 10 years of age or younger (Fuller-Thompson, Minkler, & Driver, 1997). Maternal grandmothers tend to

take on the responsibility of parenting grandchildren more than paternal grandmothers (Burton & Dilworth-Anderson, 1991; Caputo, 1999). Studies report that parenting grandmothers are more likely to be poor, single, and African American when compared to other households (Casper & Bryson, 1998; Ruiz, 2008; Simpson & Lawrence-Webb, 2009).

Many grandmothers take on the responsibility for parenting because the children have been neglected or abandoned by substance abusing parents particularly their mothers. Parenting is a difficult task. Continual learning is important for grandmothers to be successful. However, few grandparent education models exist that are especially designed for parenting grandmothers who are forced into their parenting role without preparation time or an adjustment period (Chenoweth, 2000; Cox, 2003; Strom & Strom, 1990). Some parenting grandmothers may encounter parenting situations in which they lack the skill sets to manage, but many parenting grandmothers do not participate in learning activities provided by formal and nonformal learning institutions and do not have access to parenting skills training (McCallion, Janicki, Grant-Griffin, & Kolomer, 2000). Thus, they have limited support for learning. This study investigated parenting grandmothers' readiness for self-directed learning.

### *Self-Directed Learning*

Adult education, defined by Houle (1972) as “the process by which men and women seek to improve themselves or their society by increasing their skill, their knowledge, or their sensitiveness,” (p. 34) includes self-directed learning as one of its dominant learning theories and learning models. Self-directed learning theory asserts that adults, for the most part, are very capable of deciding what it is they want to learn and the

context in which that learning is to take place. Self-directed learning includes a multitude of concepts regarding learning, but its primary aim speaks to learners being proactively engaged in the design and implementation of their learning experiences (Merriam, Caffarella, & Baumgartner, 2007).

Self-directed learning theory has its foundation in the work of Houle (1961), Knowles (1975), and Tough (1971, 1979), and is defined as the process by which individuals take the responsibility of “planning, implementing, and evaluating their own learning” (Brockett & Hiemstra, 1991, p. 3). Self-directed learning is a complex concept with two fundamental aspects: a) self-directed learning as a process, and b) self-directed learning as a character trait of some learners. Within the mainstream of self-directed learning theory, there are models that include the viewpoint of self-directed learning as a character trait, self-directed learning as an instructional process, and self-directed learning as a combined process of individual character and instructional methodology (Brockett & Hiemstra, 1991; Guglielmino, 1977; Oddi, 1986).

Brockett and Hiemstra (1991) developed the Personal Responsibility Orientation (PRO) model as a theoretical frame to understand adult self-directed learning. The PRO model synthesizes the dimensions of self-directed learning as a characteristic of some learners and as a process. The model delineates the five following concepts:

1. A personal responsibility, which is “the ability and/or willingness of individuals to take control of their own learning” (p. 26);
2. An instructional process where learning is stimulated through the planning, implementing, and evaluating of specific learning activities and tasks;
3. An internal process driven by the personal attributes of an adult learner;

4. A linking of the instructional process, personal characteristics, and personal responsibility; and
5. An interaction between the individual and the social context of the learning setting.

The PRO model, to some extent, supported the premise that learning is a “personal process – but a process that is shaped by the context of adult life and the society in which one lives” (Merriam et al., 2007, p. 1). However, Brockett (2010) introduced the Person Process Context (PPC) Model of Self-directed Learning, which places greater emphasis on the affective and sociocultural aspects of self-directed learning. Traditionally, learning has predominantly been viewed as a cognitive process, but many contemporary adult educators view learning as a multidimensional process that is influenced by the sociocultural contexts of the learner (Merriam, 2008; Tisdell, 1995).

The concept of propensity for self-directed learning prompted Oddi (1984, 1986), who was influenced by the work of Houle (1961), to develop an instrument that focused on “the personality characteristics which impel an individual to continue learning over time” (p. 7). Therefore, the Oddi Continuing Learning Instrument (OCLI) was developed. In order to investigate self-directed learning propensity, Oddi (1984) compiled a comprehensive list of attributes of self-directed learners, which was later coded into three dichotomous dimensions: 1) a proactive versus reactive drive for learning; b) cognitive openness versus a defensive approach to learning; and c) a commitment to versus an aversion to learning. An examination of these dimensions led Oddi (1984, 1986) to further hypothesize three factors in relationship to self-directness: a General Factor, an Ability to be Self-Regulating factor, and a Reading Avidity factor.

These factors provide investigation points to examine parenting grandmothers' ability to learn independently and with others, ability to manage time and resources, and their interest in reading and openness to new ideas and viewpoints.

#### *Parental Self-Efficacy Beliefs*

Parental self-efficacy is based on Bandura's (1977) self-efficacy theory, which examines a person's belief system and level of confidence to successfully perform specific tasks. Bandura (1997) asserts that perceived parental efficacy plays a key role in parents managing the multitude of demands associated with parenting. According to Bandura (1997), developing self-efficacy beliefs involves acquiring "cognitive, behavioral, and self-regulatory tools for creating and executing effective courses of action to manage ever-changing life circumstances" (p. 80). Bandura (1997) connects self-efficacy to behavior and motivation, asserting that self-efficacy is a major influence in how a person thinks, feels, and acts. However, it is important to note that measuring self-efficacy identifies the beliefs people have in their confidence to perform in a given situation, but it does not measure their competency level (Bandura, 1986). Bandura (2006) developed the Parental Self-Efficacy Scale (PSES), which was used in this study to examine parenting grandmothers' parental self-efficacy beliefs.

#### *Substance Abuse Attitudes and Beliefs*

According to the Substance Abuse and Mental Health Service Administration (SAMHSA, 2007), substance abuse is "recurrent drug or alcohol use resulting in physical danger, trouble with the law due to drug or alcohol use, increased tolerance to drugs or alcohol, and giving up or reducing other important activities in favor of drug or alcohol use" (p. 1). Leshner (2001) defines drug addiction as "a result of a true interaction



between the environmental context in which it occurs, the individual's personal history, their physiological history, and their genetics" (p. 10). Substance abuse attitudes, drug addiction attitudes, and addiction attitudes are terms that are often used interchangeably to investigate and explain how a person feels about drugs and people who use drugs.

People have differing attitudes about substance abuse. For example, some people believe that substance abuse is a genetic or psychological problem and people cannot help themselves. Therefore, people need professional help to recover from substance abuse disorders (Gassman & Weisner, 2005). Attitudes and beliefs differ depending on the type of drug and the beliefs that people hold regarding a drug's harm to individuals and society. However, substance abuse related attitudes change over time; have racial, gender, class, and cultural dimensions; and should be investigated within historical and social contexts (Nielsen, 2010). In 2002, Luke, Ribisl, Walton, and Davidson developed the Addiction Belief Inventory (ABI) as a "reliable and valid measure of addiction beliefs that can be administered easily and quickly to clients, treatment staff, and the general population" (p. 91). The ABI instrument is used in this study to investigate parenting grandmothers' attitudes and beliefs regarding substance abuse.

#### Statement of the Problem

In the last three decades, the number of parenting grandmothers has climbed steadily. The addictive behaviors of their grandchildren's parents is a major reason why many grandmothers are parenting their grandchildren (Cox, 2000; Sands, Goldberg-Glen, & Shin, 2009; Simpson & Lawrence-Webb, 2009). To gain further insight into the grandparenting phenomenon particularly in relationship to learning and parenting, this

study investigated parenting grandmothers' readiness for self-directed learning in relation to their parental self-efficacy beliefs and their attitudes towards substance abuse.

### *Hypotheses*

H1: There is a significant relationship among the total scores on the PSES the total scores on the OCLI among parenting grandmothers.

H2: There is a significant relationship among the total scores on the ABI and the total scores on the OCLI among parenting grandmothers.

H3: There is a significant relationship among the Efficacy to Control Distressing Rumination subscores on the PSES and the Ability to be Self-Regulating subscores on the OCLI among parenting grandmothers.

H4: There is a significant relationship among the Efficacy to Influence Leisure-Time Activities, Efficacy to Control Distressing Rumination, Efficacy to Influence School-Related Performance, and Efficacy in Setting Limits subscores on the PSES and the Avidity for Reading subscores on the OCLI among parenting grandmothers.

H5: There is a significant relationship among the Chronic Disease, Genetic Basis, Responsibility for Actions, Inability to Control, and Moral Weakness subscores on the ABI and total OCLI scores among parenting grandmothers.

### *Research Questions*

R1 What are parenting grandmothers' self-directed learning attributes?

R2 What are parenting grandmothers' self-reported parenting strengths?

R3 What are parenting grandmothers' attitudes toward substance abuse?

## Definition of Terms

### *Definition of a Parenting Grandmother*

For the purpose of this study, parenting grandmothers are defined as those grandmothers who assume full-time parental care for their biological grandchildren, and no distinction is made between those parenting grandmothers who have legal custody and those who do not. When the term custodial grandparent is used in this study, it describes all grandmothers who have the responsibility of full-time care for their grandchildren, regardless if it is an adoptive, custodial, guardianship, kinship care arrangement.

### *Definition of Terms*

1. *Adoption*-refers to those arrangements that give grandparents legal parental authority and sever the biological parents' rights (Generations United, 1998; Simpson & Lawrence-Webb, 2009).
2. *Culture*-refers to "the shared knowledge and schemes created by a set of people for perceiving, interpreting, expressing, and responding to the social realities around them" (Lederach, 1995, p. 9).
3. *Custodial grandparent*-refers to those grandparents who have grandchildren living with them for an extended time.
4. *Formal learning setting*-refers to educational activities generally occurring in settings at educational institutions (Merriam et al., 2007).
5. *Guardianship*-refers to those arrangements that give grandparents legal authority without severing the rights of the child's parents.
6. *Informal learning*-refers to those everyday experiences and individual activities from which people learn something (Merriam et al., 2007).

7. *Kinship care*-refers to family members taking on the responsibility of parenting in a formal (placements made by child protection agencies) or informal manner (grandmother volunteering).
8. *Learning*-refers to the “process that brings together cognitive, emotional, and environmental influences and experiences for acquiring, enhancing, or making changes in one’s knowledge, skills, values, and worldviews (Merriam et al., 2007, p. 277).
9. *Nonformal learning setting*-refers to those learning activities that are generally sponsored through community-based organizations and cultural institution (Merriam et al., 2007).
10. *Parent education*-refers to “organized effort with clear content, target population and goals aimed at changing parental role performance” (Wandersman, 1987, p. 208). This definition is extended to grandparent education.
11. *Parenting*-refers to the complex activity that includes many specific behaviors and responsibilities that work individually and collectively to influence the outcome of children (Baumrind, 1989).
12. *Parental Self-efficacy*-refers to the beliefs and confidence in the ability to execute a set of tasks related to parenting children (Bandura, 2006).
13. *Relapse*-refers to “the return to drug use after a drug-free period” (NSDUH, 2004, p. 1).
14. *Self-directed learning*- refers to the degree that people are able to take responsibility for and control of their own learning (Brockett & Hiemstra, 1991).

15. *Substance abuse*-refers to “recurrent drug or alcohol use resulting in physical danger, trouble with the law due to drug or alcohol use, increased tolerance to drugs or alcohol, and giving up or reducing other important activities in favor of drug or alcohol use (NSDUH, 2004, p. 1).

16. *Substance abuse recovery*-refers to “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (SAMHSA, 2011, p. 1).

### Limitations

1. The 27 parenting grandmothers participating in the study represented a small sample of the general population of parenting grandmothers. Therefore, the results reported in this study may not be generalizable beyond the sample.

2. Because substance abuse and drug addiction are stigmatized constructs, the researcher had difficulty in finding parenting grandmothers for the sample. Therefore, purposive sampling was used, and it cannot be assumed that the sample fully represented the parenting grandmother population.

3. Due to the diversity in literacy levels of the sample, some of the participants may not have fully comprehended the questions and may have arbitrarily or erroneously selected their responses.

### Delimitations

1. This sample was restricted to grandmothers (maternal or paternal) who parent their biological grandchildren.

2. This sample was restricted to grandchildren in grandmother’s care that were between the ages of five to 17 years of age.

3. This sample was restricted to grandmothers who at the time of data gathering provided custodial care to grandchildren who lived in their household and who had done so for at least six consecutive months.

4. This sample was restricted to grandmothers in the 40-75 year old age range.

#### Assumptions

This study was based on the assumption that the participants would self-report truthful information regarding their learning attributes, parental efficacy beliefs, and attitudes regarding substance abuse.

#### Justification and Importance of the Study

In 2000, when the U.S. Bureau of Census reported that 4.5 million children were living in homes with grandparents, researchers began to show a heightened interest in the phenomenon now known as parenting grandparents. However, since that time, much of the research on parenting grandparents has been conducted from a sociologic, demographic, or economic lens, with a focus on either the health, financial, or social issues of grandparenting (Hayslip & Kaminski, 2005; Hayslip & Patrick, 2003; Simpson & Lawrence-Webb, 2009; Thomas, Sperry, & Yarbrough, 2000). Additionally, the parenting grandparent phenomenon has generated mostly qualitative research data and some limited quantitative data. However, in adult education literature, little attention has been given to parenting grandparents and limited resources are available on parenting and learning (Marienau & Segal, 2006). Research studies, in general, show limited quantitative and qualitative data on the learning systems of grandmothers parenting their grandchildren.

Additionally, little research has been conducted to investigate the quality of grandmothers' parenting (Poehlmann et al., 2008; Silverthorn & Durant, 2000), and Dolbin-MacNab (2006) states, "despite the growing number of grandparents parenting their grandchildren, there has been limited research into how grandparents actually perceive their parenting responsibilities" (p. 565). Furthermore, it has been documented that raising grandchildren and dealing with substance abusing children places additional stress on parenting grandmothers (Haglund, 2000; Roe, Minkler, Saunders, & Thomson, 1996; Turpin, 1993). However, very little, if any, research has been conducted on parenting grandmothers' attitudes regarding addiction, and no research is available on the relationship between their addiction belief and their parenting. Little, if any, research has been done to examine the parental learning needs of parenting grandmothers who parent because of the substance abuse disorders of their children.

This study focused on parenting grandmothers with a particular emphasis on African-American grandmothers taking care of grandchildren whose parents have substance abuse disorders. The parenting grandmother study could add to the limited body of knowledge that exists within adult education literature on the grandparenting phenomenon. Thus, it gives voice to an underrepresented population in adult education research and literature.

In conclusion, this study could be a catalyst for more empirical research on parenting grandmothers, and it has the potential to demonstrate how the construct of self-directed learning can be applicable to nontraditional adult education populations. The results of this study could be useful in the development of educational resources, parent

training models, and innovative adult education programs and learning opportunities for parenting grandmothers.



## CHAPTER II

### LITERATURE REVIEW

This study is grounded in feminist theory under a social constructivist paradigm and self-directed learning theory. Social constructivism asserts that people learn by constructing their own meaning within the context of sociocultural environments. The premise that there exist a relationship between experience and learning is not a new concept. Immanuel Kant (as cited in Smith & Gardner, 2003) is considered the forerunner in bringing constructionist thought to the western world. Later, Dewey (1938), Piaget (1972), and Vygotsky (1978) reinforced the connection between learning and experience. However, proponents of constructivist thought do not agree on how adults make sense from their experience.

How adults make sense from their experience is an ongoing discussion and the following questions are debated: Is meaning making an individually centered process? Is it a socially influenced process? Is making sense from experience a combination of the individual and social environment? Dewey (1938) stated that “an experience is always what it is because of a transaction taking place between an individual and what, at the time, constitutes his [sic] environment” (p. 41). Piaget (1972) focused on the biological and psychological processes involved in the construction of knowledge and meaning making. Vygotsky (1978) placed more emphasis on the social influences on learning. Thus, the concept of social constructivism -- people learn by constructing their own meaning and within the context of their sociocultural environment -- became a fundamental viewpoint of learning. Social constructivism postulates that a person’s beliefs and actions influence their social environment, but the social environment also

influences a person's belief system and actions. In this study, it is proposed that parenting grandmothers are making sense from the experience of parenting their grandchildren based on their individual characteristics and their social realities.

### Feminist Theory

One of the challenges of adult education in the 21<sup>st</sup> century is to examine its traditionally held male-dominated and Eurocentric learning theories and make space for new voices and viewpoints on learning (Merriam, 2008; Sheared & Sissel, 2001). According to Harding (1993), the social constructs of "race, ethnicity, class, gender, sexuality, or some other such politics and activities of those at the top, both organize and set limits on what persons can understand about themselves and the world around them" (p. 54). Historically, these limits have used race, class, gender, and culture to establish learning boundaries for women, minorities, the poor, and others that are different from the white, middle class, male norm.

Feminist theory places emphases on valuing the voice of women, the experience of women, and valuing women as constructors of knowledge (Alcoff & Potter, 1993; Chodorow, 1974; Collins, 1985, 1990; Flax, 1987; Gilligan, 1982; Harding, 1986; Longino, 1993). Encompassed within feminist theory is a wide range of philosophies termed as: radical feminism, social feminism, liberal feminism, psychoanalytic feminism, Marxist feminism, Black feminism, postmodern feminist theory, and others (Merriam et al., 2007). An in-depth review of the array of feminist thought is beyond the scope of this study. However, multicultural feminism provides a theoretical perspective to examine the issues of race, gender, class, and culture. To aid in the understanding of multicultural feminism, a brief historical examination of feminist thought is presented.

### *The History of Feminism*

Feministic thought in the United States is divided into three eras: First-wave feminism covers the period of before 1960; Second-wave Feminism covers the period of the 1960-1970; and Third-wave feminism describes the period of 1980 to present. The history of first-wave feminism in the United States is documented through the stories of women who found creative, discrete, and bold ways to overcome the oppression of sexism, racism, and classism they faced while living in a society that dehumanized and silenced women. Some of the known and unknown feminists during this period are:

- Judith Sargent Murray, who wrote “Equality of the Sexes in 1790, under a pseudonym;
- Phyllis Wheatley, a slave who wrote poems when knowing how to read and write could have resulted in her death;
- Sarah Grimke, who published “Letters of Equality of the Sexes and the Condition of Women” in 1838;
- Harriet Tubman, an abolitionist and conductor of the Underground Railroad; and
- Lucretia Mott and Elizabeth Stanton, who are famous for starting the Women’s Suffrage Movement in the U.S. in the 1850s (Solomon, 1985).

The second-wave feminist movement arose during the climate of the Civil Rights movement in the 1960s. Betty Friedan is considered a pacesetter in the second-wave feminist era in the United States. Friedan helped to establish the National Organization for Women (NOW), and her book, “The Feminine Mystique,” (Friedan,1963) set the stage to examine the oppression of women in the U.S. During this era, sameness and

difference feminist thought emerged. The sameness feminists (Friedan, 1963) focused on women being equal to men in intellect and ability; therefore, sexism was considered the major cause of the oppression of women. The difference feminists took issue with comparing women to men and stated that “women’s ways of knowing, doing, and being were just as good as, if not better than, men’s” (Tong, 2009, p. 202). Feminist continued to debate the root cause of the oppression of women, and androcentrism “the view that men are the norm for all human beings and that women, because they are not like men, are not fully human beings” was named as the major cause of the oppression of women (Tong, 2009, p. 202). This notion of women not being human may seem preposterous to those of us living in an educated, democratic, and civilized society. However, it is important to note that this same line of thinking was used to justify Black slavery in America for many years.

Nevertheless, second-wave feminism was criticized for being the feminism of the white, middle class, heterosexual, and academia-educated woman; therefore, some feminists started to dialogue concerning the need to be more inclusive in their rhetoric and political agendas and focused also on the issues of women of color, marginalized women, and the poor and uneducated woman (King, 1993; Spelman, 1998). Thus, multicultural feminism, the product of third-wave feminist thought, was birthed. Multicultural feminism is grounded in an era when there was an educational attempt to bring racial harmony in the United States during the end of 1970 decade (Flowers & Richardson, 1996). Multicultural education became the new buzz phrase for individuals seeking to create racial harmony and become racially literate, and learning about cultural diversity became the pathway to appreciating cultural differences. Multiculturalism is a

“social-intellectual movement that promotes the value of diversity as a core principle and insists that all cultural groups be treated with respect and as equal” (Flowers & Richardson, 1996, p. 609). Multicultural feminism embraces the concept of pluralism in feminist thought, and its focus is on the oppression that women share and the many ways that silencing women is a part of the lived experiences of women.

In adult education, feminist pedagogy is a method that uses a political framework to create safe, nurturing, and conscious-raising climates for all adult learners, including women learners (Lee & Johnson-Bailey, 2004). However, examining feminism in adult education calls for more than looking at teaching and learning. Feminist theory in adult education calls for the rethinking and reconstruction of educational learning theories and principles that exclude women as knowledge constructors. For the most part, the female voice is missing in adult education’s theoretical foundations. Hayes and Smith (1994) call attention to the lack of focus on race, gender, and class in adult education pedagogy. Collard and Stalker (1991) discuss the dearth in feminist theory in adult education and highlights the domination of male theorists. Nevertheless, there are adult educators who make space for feminist thought in their pedagogy and facilitation of adult learning (Hart, 1990; Hayes, 1989; Hill, 2002; hooks, 1994; Tisdell, 1995). Feminist theory in this study provides the lens to examine traditional adult education learning theories with specific emphasis on self-directed learning theory.

### *Women as Learners*

Carol Gilligan’s (1982) research, with an all-female sample, began the quest to stop the generalization of studies on white male experience to other populations, and particularly women. Chodorow (1974), Josselson (1987), and Miller (1986) agreed with

Gilligan's (1982) assertion that a woman's approach to learning differed from their male counterparts. According to these theorists, connection and relationships were important components in a woman's development and learning. Belenky, Clinchy, Goldberger, & Tarule (1986) introduced the concept of "connected knowing" to describe the premise that for many women making meaning from their experiences involves the collaborative experience of sharing life story with others, and particularly other women. The themes of connection, collaboration, and sharing are in direct contrast to the androcentric view of learning as an individualistic, competitive, and autonomous process (Erickson, 1968).

Groundbreaking studies of women by women surfaced and provided insight into the experiences of women (Belenky et al., 1986; Chodorow, 1974; Gilligan, 1982; Josselson, 1987; Miller, 1986). However, many women researchers, much like their male counterparts, based their findings by studying white, economically advantaged women and girls (Brooks, 2000). Secondly, contending that connecting and cooperative relationships were the preferred ways of women was criticized for reinforcing generalizations and stereotypes about women (Hayes & Flannery, 2000). Nevertheless, there is ample research to support that women generally are different from men in their approaches to learning. The concept of connecting to make meaning from experience provides a baseline to research women and their learning. Investigating the experiences of parenting grandmothers through the lens of connection and collaboration gives support to examining their learning from individual and social standpoints.

## Adult Education Learning Theory

There are many theories and models used in adult education to examine how adults engage in learning. However, Hayes and Flannery (2000) state:

Adult learning theory is permeated by sexist and racist assumptions that marginalize and devalue the experience of women and people of color. A significant task for future scholarship on women's learning is to use women's experience and perspectives to expose these biases and reconceptualize dominant adult learning theories. (p. 226)

Self-directed learning as a theory is predicated on the idea that adults are capable of taking responsibly for their own learning. However, learner self-directness is intrinsically interwoven into adult education's learning theories and models. There is an element of learner self-directedness in Mezirow's (1981, 1990, 1991) transformative learning where learners self-direct to examine their *habits of the mind* and *points of view*, and then critically reflect to connect to new meaning making scenarios that help them make sense of life changing events or *disorienting dilemmas*. Similarly, Paulo Freire's (1970) approach to transformative learning calls for learners, through problem-posing dialogue, to redirect their thinking regarding their experiences and cultural realities and deconstruct oppressive ideology that keeps them in a state of oppression and marginalization. Through the process of *conscientization* or conscious-raising, adult learners realize that they can become emancipated and use their learning to assume new roles in their society as change agents.

Experiential learning theory seeks to explain how adult learners, taking some form of responsibility for their own learning, use their life experience to make meaning.

For example:

- Kolb (1984), working from a constructivist experiential learning perspective, asserts that learning from experience requires adults to be able to redirect their focus so that they are: (a) open to new learning experiences, (b) reflective and view their new experiences from many viewpoints, and (c) proactive in applying their new learning experiences to make decisions and solve their problems.

- Boud and Walker's (1991) situated experiential learning model places focus on learning and doing. In their model, adult learners are required to revisit their past experiences; replay the emotions they experienced, and reevaluate the meaning they associated to that experience. Learners are active agents in re-conceptualizing their experiences and the meaning associated with those experiences.

- Fenwick (2003), coming from a critical cultural experiential learning base, articulates how individuals can redirect their thinking to question the influence that those in power have over their lives. Learning occurs as people, having a community consciousness and common struggle, unite and take action for social change.

Malcolm Knowles' (1973, 1975, 1980, 1984) andragogy concept is a prominent adult education learning model. Knowles introduced the concept of andragogy to American education as a way to explain the principle that adult learning is different from the way children learn. Knowles defined andragogy as the art and science of helping adults learn. Knowles' work energized the premise that adult learners are independent thinkers with the authority to decide what they learn and how they choose to learn.



Therefore, Knowles placed emphasis on learner self-directedness. Andragogy posits that adults, unlike children, bring a wealth of knowledge and expertise into the learning setting. It is the adult educator's role to facilitate learning by providing resources to adult learners as they plan and navigate their learning journeys. Adult educators are facilitators and not the designers of the learning undertaking, nor are they the *authority* or *authenticator* of the learning (Knowles, 1975). The concept of andragogy as a theory is often debated. Andragogy is often positioned as a description of the ideal characteristics of adult and as good practices for adult education facilitators. However, andragogy has been criticized for being the method of learning for white, privileged males (Hanson, 1996; McIntosh, 1988).

McClusky(1963, 1970, 1971), inspired by a desire to know more about the relationship between learning and adult life events, developed the Margin of Life Theory and postulated that as life challenges and demands increase there is a relationship between load--the life events which one encounters, and power--the resources available to help people navigate through life events. McClusky (1978) surmised that learning does not occur if the social or emotional support for change is absent, and people need positive sources of energy in order learn when unplanned life transitions occur. McClusky's (1971) research on adult learners identified coping needs, expressive needs, contributive needs, influence needs, and transcendence needs as a typology to examine adult learning needs.

Candy (1991), coming from a social constructivist perspective, introduces "autodidaxy" (p. 23) as a term to denote individual educational pursuits outside of formal educational institutions. Candy delineated four dimensions of self-directed

learning that included: (a) the propensity for self-directed learning as a characteristic of some learners; (b) self-directed learning as a willingness and ability to be responsible for one's own learning; (c) self-directed learning as an organized instructional method; and (d) self-directed learning as individuals learning in their natural social environment. Candy's (1991) model of self-directed learning places focus on the personal characteristics of the learner and the social contexts of learning.

Traditional adult learning theories and learning models include typologies developed to explain how adults make sense from their experience. Recent developments in learning theory that addresses non-Western ways of knowing, such as embodied learning, spirituality and learning, indigenous learning, and narrative learning (Merriam, 2008) are influencing adult learning theory and praxis. However, a central theme in adult learning theory is the recurring assessment that learner self-directness and social interaction are crucial elements in the understanding of how adults make sense from their experience.

### Self-Directed Learning

Self-directed learning theory makes use of three types of models: (a) linear, (b) instructional, and (c) interactive. Linear models follow an outlined process to reach self-directed learning goals. Instructional models are used more so in formal institutions as a method to help guide adult education facilitators in incorporating self-directed learning techniques into classroom practices (Merriam et al., 2007). Interactive models take the premise that self-directed learning can be unplanned and, therefore, does not follow an outlined process. The interactive model takes into account that self-directed

learning involves the process of making use of many resources in creating and completing learning goals.

Self-directed learning theory has its foundation in the research efforts of Houle (1961), Knowles (1975), and Tough, (1971, 1979). Houle's (1961) journey into self-directed learning started because of his interest in examining how adults continued their learning throughout their lifespan. Houle's book, *The Inquiring Mind* (1961), provides a study of self-directed learning in adulthood. Based upon twenty-two interviews, Houle developed a typology that classified learners into the three groups of: goal oriented, activity oriented, and learning oriented. In Houle's (1961) research, individuals in the goal oriented group used learning as a means of addressing a specific need or want. Individuals in the activity oriented group used learning to address a personal need, such as wanting social interaction or being mentally stimulated. However, people in the learning oriented group approached learning as a life pursuit and were characterized as having a constant love of learning, the "desire to know," and the "itch to learn" (p. 25).

Houle (1961) identified the uniqueness of adult learners and reinforced the relationship between learning as a process that involves the individual and social environment. He was instrumental in laying self-directed learning's theoretical foundation. However, an examination of Houle's twenty-two participants provides important demographic data. Twenty-one of the participants were white; three were of lower class status; and 10 of the 22 were women. This demographic data clearly indicate that the voice of the racially different and the economically oppressed were only minimally included.

Allen Tough's (1971, 1979) research in self-directed learning identified that most adults engage in some form of learning projects, ranging from one to twenty learning projects each year. Tough found that many of these learning projects did not take place within the walls of formal institutions. On the other hand, Tough's (1971) sample was based on "populations chosen by occupation, social status, age, sex, and educational level" (p. 22). Based on the following demographics of the study's 66 participants, it is safe to deduce that minority populations, including men and women of color, were excluded from the study. Tough's 66 participants included male factory workers (N = 10); women in lower level white-collar positions (N = 10); men in lower level white-collar positions (N = 10); beginning elementary school teachers (N = 6); municipal politicians (N = 10); social science professors (N = 10); and upper-middle-class women with preschool children (N = 10).

Much of adult education's knowledge base on self-directed learning has been framed by looking at the experience of those who participate in the formal and informal learning settings. In 1965, Johnstone and Rivera reported that adult participants in adult education programs are, typically, white, middle, and upper middle class working professionals. In 2008, Chen, Kim, Moon, and Merriam's study of older adult participants in adult education programs reported their study's demographic data, and it was similar to the Johnstone and Rivera (1965) study.

### *Self-directed Learning and Women*

Self-directed learning theory is criticized from a feminist perspective because it places emphasis on the importance of individual effort and deemphasizes the influence of race, gender, and class in the learning process. Self-directed learning theory is criticized

for its emphasis on the cognitive dimension of learning, while deemphasizing the emotional aspects of learning. Self-directed learning theory is also criticized for reiterating the logical aspects of learning and underplaying the affective aspects of learning, and for failing to examine the influence of community as a learning culture (Burnstow, 1994; Keddie, 1980). However, many women engage in self-directed learning as a way to deal with real life emotionally charged issues. Often emotionally charged issues such as, divorce, illness, and death of a loved one act as prompts for women to engage in self-directed learning (Rager, 2004).

Illeris (2002) presented a learning model, which included reasoning or cognitive function, emotions, and society as the dimensions of learning. Illeris postulated that, while cognitive function and society play a role in learning, the emotional dimension of learning is important because often emotions provide the motivation to learn, attitude toward learning, and the psychological energy to learn. According to Illeris (2002), emotions are comprised of “psychological energy, transmitted by feelings, attitudes, and motivations which both mobilize and, at the same time, are conditions that may be influenced and developed through learning” (p. 18). Schultz and DeCuir (2002) reinforce the relationship between self-directed learning and emotions through the following statement:

During self-directed goal transactions, people make judgments such as “Is what is happening important to my goals?” “Is this going the way I hoped?” “Can I handle the situation?” How individuals answer those questions, within a particular social-historical context, will influence the emotions they experience,

the intensity of those emotions, and the emotional regulation they use during self-direction. (p. 127)

For Illeris (2002), all learning involves an interaction between the cognitive and the emotional, and these dimension often influence social relationships. Emotions do play a role in the adult educator's and adult learner's relationship inside the learning environment and outside of the learning setting in regards to the decisions that learners make regarding their learning (Dirkx, 2001). Emotions can enhance learning or they can be detrimental to the learning process and stymie self-directed learning. According to Wolfe (2009), high-level emotional responses hinder the decisions making and learning process.

A review of the literature on women's learning identifies the themes of emotions, empowerment, connecting to others and building relationships, and challenging the authenticity of information received from others as major catalyst for some women to engage in self-directed learning as they seek to make meaning from their life experiences (Brooks, 2000; Rager, 2004, 2007, 2009; Schultz & DeCuir, 2002). These themes are also prevalent in the literature on parenting grandmothers. Cox (2008) developed an empowerment training program for parenting grandmothers designed to help them learn how to navigate through social service and government systems and confront authority figures while advocating for services for themselves and their grandchildren. Landry-Meyer and Newman (2004) discussed how, having a need to connect to their grandchildren and build their relationship, some parenting grandmother used different approaches in parenting their grandchildren than they used with their own children. The need for relationships and connecting is presented in the literature in terms of

grandmothers having a need of support from family members, friends, and community entities (Dolbin-MacNab, 2006). Parenting grandmothers express a need to be appreciated for their sacrifices and efforts (Connealy & DeRoos, 2000).

### *Self-Directed Learning and Older Learners*

By the year 2030, it is predicted that one fifth of all Americans will be 65 years of age or older (Quadagno, 1999). Not only are Americans living longer than previous generations, but they are, supposedly, living healthier, happier, and more independent lives. Older adults are increasingly being defined as those individuals who are in the 50+ age group, which is the joining age for membership in many organizations that serve the senior population, including the Association of Retired Persons (AARP). The senior population “has become an important focus of adult education programming and research” (Chen et al., 2008, p. 4). However, the older population has not always been viewed as being capable of learning.

Thorndike, Bregman, Tilton, and Woodyard’s (1928) early research led to a shift in mainstream thought that adults reach a period where they are too old to learn because of mental decline. Thorndike et al. (1928) reported very slow and slight declines in learning ability as a person aged. This premise is supported by current research that shows there is no inherent decline in mental ability as a person ages (Hiemstra, 1976; Knowles, 1980; McClusky, 1971). Older adults can continue to learn as long as they are healthy and do not suffer from any debilitating diseases, such as Alzheimer’s disease. In healthy older adults, inactivity is identified as a primary cause of decline in mental function (Merriam & Caffarella, 1999; Mezirow, 1994).

Older adults and their learning is generally framed using life-span development theory, which embraces a multidisciplinary approach to understanding older adult learning (Pourchot & Smith, 2004; Taylor, 1996; Tennant, 2000). Life-span development theory (Baltes, 1987) has its origin in the field of psychology, and it is a multilevel concept that is associated with examining the increases or decreases in social, psychological, biological, and cognitive function over the span of a person's life (Baltes, Staudinger, & Lindenberger, 1999). According to Baltes (1987), problem solving abilities, understanding social relationships, and using experience to learn increases in older adults.

Generally, adult education literature describes older adults as capable learners (Chen et al., 2008; Hill, 2001; Roberson & Merriam, 2005). However, some adult education literature presents a stereotypical view of older learners as being highly motivated healthy retired adults with spendable income for learning for fun, leisure activities, and travel (Cusack & Thompson, 1996). The Chen et al. (2008) review of the portrayal of older adults in adult education literature, which included 93 articles in five adult education journals, reported that older adult learners are presented as a homogeneous group, with little attention given to diversity, or race/ethnicity, and class differences of older learners.

### Parenting Grandmothers

Grandparents play a significant role in the lives of their grandchildren, and grandmothers assisting in the rearing of their grandchildren is not a new practice. However, the number of African American grandmothers providing full-time parental care for their grandchildren has been increasing for several decades. In 2000, "more than



half a million African American grandparents, aged 45 and older, were raising their grandchildren” (Simpson & Lawrence-Webb, 2009, p. 825). The fact that African American grandmothers are assuming the role of parenting their grandchildren is not surprising. There is a tradition in the African American culture to call on extended family to assist with parenting and child rearing (Hill, 1999). African American grandmothers are assuming the parenting role because they do not want to see their grandchildren in formal foster care or other state controlled agencies. African American parenting grandmothers are a heterogeneous group, even within the context of parenting because of substance abuse. However, the commonality among parenting grandmothers is they re-enter into their parenting roles without adequate resources and support.

#### *Grandmothers' Support Systems*

In our society, many politicians and lawmakers have the “pull yourself up by your bootstraps” mentality and adamantly are opposed to using government resources to address the personal ramifications of substance abuse (Edsall & Edsall, 1991; Musto, 1999). Additionally, some parenting grandmothers often interact with medical institutions and governmental entities that are often hostile and insensitive to their needs (Hirshorn, Meter, & Brown, 2000). However, parenting grandmothers “lack in resources to speak up for themselves” (McCallion et al., 2000, p. 81). Unfortunately, for many poor and African American parenting grandmothers, their class and race, coupled with limited access to resources, shape their beliefs that the government and their community is unresponsive to their needs (Connealy & DeRoos, 2000; Gibson, 2002; Minkler & Roe, 1993; Simpson & Lawrence-Webb, 2009). For these reasons, some parenting grandmothers do not articulate their needs (Emick & Hayslip, 1999; Hayslip & Shore,

2000). Furthermore, some parenting grandmothers do not articulate their needs or access services because of fear of negative repercussions, or they may over report their ability to parent because they fear their grandchildren will be taken from them (McCallion et al., 2000).

Studies report that parenting grandmothers are often isolated from non-parenting peers and receive very little support from family members (Burton, 1992; Sands & Goldberg-Glen, 2000). Other studies indicate that parenting grandmothers do receive support from family and friends (Burnette, 1997; Gibson, 2002; Minkler, Roe, & Robertson-Beckley, 1994), but often this support is unreliable and inconsistent (Simpson & Lawrence-Webb, 2009). Support groups do exist that are designed to help connect parenting grandmothers to their peers and provide social support and learning activities; however, there is limited empirical data on who participates in these support groups and their benefits (Strom & Strom, 2000).

From a cultural viewpoint, the concept of *support group* is not embraced by all women and all cultures. For example, the African American community is often an insulated community where there exists an awareness of responsibility to each other (Venkatesh, 1997), and “family and community resources are perceived as sustaining forces in the stability of African American families” (Simpson & Lawrence-Webb, 2009, p. 827). The concept of interacting with others outside of family or community to talk about your problems or *tell your business* is taboo for many African American people. However, African American grandmothers, much like other parenting grandmothers, have informal networks of neighbors and friends, church members, and prayer partners that provide emotional and spiritual support to help them cope (Moore & Miller, 2007;

Stover, 2010). In the McCallion et al. (2000) study of custodial grandparents (n=97), 94% of the participants were female. The sample included African Americans (79%) and Hispanic/Latino (12%) participants. Latino parents were averse to participating in support group activities, and African American grandparent participation in support group activities was reported as low.

Spirituality is identified as a source of support some parenting grandmothers. Spirituality is defined as a “reference for others” (Vella, 2000, cited in English & Gillen 2000, p, 85) and as having “intimacy with otherness” (hooks, 1999, p. 116) or “connected to a higher power or force that transcends the limitations of humanness” (Broome, Owens, Allen, & Vevaina, 2000, p. 472). Tisdell (2003) defines spirituality as a “personal belief and experience of a divine spirit or higher purpose about how we construct meaning and what we individually and communally experience and attend to and honor as sacred in our lives” (p. 29). Parenting grandmothers report that prayer partners, bible reading, and church and religious activities provide a means to cope with some of the challenges they face parenting their grandchildren (Giarrusso, Silverstein, & Feng, 2000; Musil, Schrader, & Mutikani, 2000). Kelch-Oliver’s (2011) study identified that African American parenting grandparents receive emotional support from religious organizations in their community. Gibson’s (2005) qualitative study of African American grandmothers reported that grandmothers were involved and involved their grandchildren in religious activities.

#### *Grandmothers’ Parenting Attitudes*

The concept of attitude has many definitions, but Rokeach (1968) defines attitude as a “relatively enduring organization of interrelated beliefs that describe, evaluate, and

advocate action with respect to an object or situations, with each belief having cognitive, affective and behavioral components” (p. 132). According to Rokeach (1968), attitudes and beliefs are not the same thing. Attitudes include beliefs, but not all beliefs include attitudes. “The concept of attitude is used to denote the sum total of a man’s [sic] inclinations and feelings, prejudice or bias, preconceived notions, ideas, fears, threats and convictions about any specific topic” (Summers, 1971, p. 2). What attitudes and beliefs do parenting grandmothers have regarding their parenting role? There is diversity in parenting grandmother attitudes and beliefs.

Parenting grandmothers bring much strength into the grandmother-grandchild relationship. Studies indicate that parenting grandmothers, for the most part, are supportive and feel that their lives are enriched because of their grandparenting experience (Cox, 2000; Hayslip, & Kaminski, 2005; Minkler, Roe, & Price, 1992; Roe et al., 1996). Parenting grandmothers are emotionally attached to their grandchildren and committed to the role of being a functional parent. Not all parenting grandmothers view their new role as a negative experience. Many parenting grandmothers believe that they play a significant role in providing spiritual guidance and teaching their grandchildren values by sharing family history. Some parenting grandmothers believe they play an important role in discussing the dangers of life with their grandchildren, which includes conversations on the ramifications of premature sex and childbirth outside of marriage, the ramification of using drugs, and the ramifications of not getting an education (Ebert & Aleman, 2008; Kelch-Oliver, 2011). Some parenting grandmothers also report spending more time with their grandchildren than they did with their children; being more relaxed with their grandchildren than they were when they parented their children;

and better at prioritizing those things that are important and those that are not (Dolbin-MacNab, 2006; Moore & Miller, 2007).

Some parenting grandmothers report that parenting their grandchildren encourages them to pay more attention to their health and take better care of themselves (Bailey, Letiecq, & Porterfield, 2009; McCallion et al., 2000). Many parenting grandmothers welcome their new parenting role as an opportunity to do a better job because they have previous parenting experience that provides greater parenting wisdom, which can help them be more successful than when they parented their children (Emick & Hayslip, 1999; Strom & Strom, 2000). On the other hand, some parenting grandmothers believe that they raised their children just fine and report using the same parenting strategies with their grandchildren that they used with their own children (Dolbin-MacNab, 2006).

Ebert and Alemán (2008) identifies a paradox in some parenting grandmothers' attitudes towards parenting. Although parenting grandmothers are very connected to their grandchildren, there is a desire to be separated from their parenting role. Some parenting grandmothers have hope that one day their children can resume the role of parenting and they can reassume their role of being a grandparent. In addition, some parenting grandmothers often fluctuate between feeling that parenting their grandchildren is a blessing and feeling that it is a burden. Many parenting grandmothers express the rewards of parenting include feeling young again and being there for their grandchildren. However, because of health, financial issues, boundary ambiguity, end of life concerns, and other factors, they often feel the burden of parenting and question what will happen to their grandchildren when they are no longer living. Research studies indicate that

during their grandchildren's adolescent years some parenting grandmothers question their decision to assume full-time parental care for their grandchildren (Cox, 2000; Doblin-MacNab, 2006). Some grandmothers raising children with severe emotional problems are more prone to having ambivalent and negative parenting attitudes (Doblin-MacNab, 2006) and low parental self-efficacy (Kaminski, Hayslip, Wilson, & Castro, 2008).

Studies indicate there is a relationship between parental self-efficacy, parenting behaviors, and the parenting experience (Aunola & Nurmi, 2005; Grus et al., 2001; Shumow & Lomax, 2002), particularly in the areas of emotional and social development. Aunola and Nurmi (2005) reported that a diverse combination of parenting strategies help children have an emotional sense of well-being. Grus et al. (2001) found a relationship between parental self-efficacy and socioeconomic status, where lower income families appeared to have lower parental-self efficacy. On the other hand, Shumow and Lomax (2002) reported no significant relationship between socioeconomic status and parental self-efficacy; however, their study reported that parenting environments and neighborhoods are important variables in investigating parental self-efficacy beliefs.

Socioeconomic and sociocultural factors can influence the parental self-efficacy beliefs of poor grandmothers, and particularly poor African American parenting grandmothers. Simpson and Lawrence-Webb's (2009) study of low-income African American parenting grandmothers reported that the lack of support from family is related to the impoverished conditions of many African American communities, where substance abuse, crime, and unemployment are rampant. For some of these African American parenting grandmothers, the paranoia of living in poor communities that are overcome with drugs, gangs, crime, violence, and limited resources can influence their parenting

and the confidence they have in performing specific parenting tasks. Their social realities can cause them to be rigid and less permissive, overprotective, demanding, and too controlling in their parenting (Cox, 2005; Ross & Aday, 2006), particularly as their grandchildren enter into the adolescence stage, a stage of development where children naturally want more independence.

However, Gibson (2005) reports a different picture of African American parenting grandmothers. Gibson's (2005) qualitative study (N=17), grounded in an Afro-Centric theoretical framework, reports that African American parenting grandmothers are efficacious and effective in:

1. Maintaining communication with their grandchildren;
  2. Taking a conscientious role in the education of their grandchildren;
  3. Providing socioemotional support to their grandchildren;
  4. Involving extended family for support in raising their grandchildren;
  5. Involving their grandchildren in selective activities;
  6. Acknowledging and working with the vulnerabilities of their grandchildren;
- and
7. "Acknowledging the absence of the biological parent(s)" (p. 290).

#### *Grandmothers' Learning Needs*

Purdie and Bouton-Lewis (2003) conducted a study of 17 older learners between the ages of 65 to 82 to gain information on their self-reported learning needs and barriers to learning. The Purdie and Bouton-Lewis (2003) study reported that some older adults viewed themselves as capable and confident learners in spite of the physical, mental, and social challenges they faced. However, the manner in which they prioritized learning

was different from what was anticipated. Learning computer/technical skills was of low priority, as was making friends and managing difficult relationships. The participants in the study also did not identify lack of support as a barrier to learning, but “more men than women saw attitude toward learning as a barrier” (p. 139). The sample for this study included nine females and eight males, but the researchers acknowledged that the diversity of older learners was not addressed. Additionally, the study was conducted with an Australian population and no demographics on race or class were reported. As a side note, Downie, Hay, Horner, Wichmann, and Hislop (2008) and Spence (2004) identified an increase in Australian grandparents providing full time parental care to their grandchildren because of mental illness and the substance abusing behaviors of their children.

In contrast, the identified learning needs of parenting grandmother are quite different from those reported in the Purdie and Bouton-Lewis (2003) study. The literature review reports the learning needs of parenting grandmothers are:

1. Learning to attend to the emotional needs of their grandchildren who often feel abandonment and shame (Wachtel, 2004);
2. Learning to communicate with their grandchildren and understand their problems (Cox, 2003; Strom & Ewing, 1996);
3. Learning to manage their own and their grandchild’s feelings of loss, grief, embarrassment, anger, etc. (Cox, 2005; McGowen, Ladd, & Strom., 2006);
4. Learning positive parenting and discipline strategies (Marchand & Meulenbergs, 1999; Strom & Strom, 2000);



5. Learning to manage their roles as parent and grandparent (McGowen et al., 2006);
6. Learning to building support systems and navigate through social services systems (Chenowerth, 2000; Cox, 2008);
7. Learning about the stages of child development (Burton, 1992); and
8. Learning about substance abuse (Hirshorn et al., 2000).

### *Substance Abuse Beliefs*

According to the Substance Abuse and Mental Health Service Administration (2010), drug abuse and addiction are prevalent throughout most of the communities in America. Substance abuse attitudes and addiction beliefs differ depending on the type of drug, but, for the most part, substance abuse is viewed as a biomedical construct. Many addiction experts, health care providers, and social service professionals define alcoholism and drug addiction as a genetic, social, or psychological problem (Gassman & Weisner, 2005). However, many lay people believe that drug addiction is a preventable act of will. Some people believe it is a curable disease. Others believe it is an incurable disease. Some people believe that substance abuse is a combination of a disease and free will. Parenting grandmothers have diverse attitudes about substance abuse and many describe it as a way to cope and escape; as a disease; as a lack of morals and poor character; as the product of a sinful nature; and as the avoidance of responsibility (Stover, 2010).

Attitudes and beliefs about addiction are divided into three orientations: a) the disease model, b) the free-will model, and c) the Alcohol Anonymous (AA) Model. The disease model includes four basic beliefs, which are:

1. substance abuse is a biomedical construct and is characterized as a disease;
2. substance abuse is biological in nature and a person is not responsible for their behavior;
3. a person cannot control their drinking or drug use and are unable to sociably drink or use drug; and
4. the disease is progressive and incurable, but manageable through abstinence (Luke et al., 2002, p. 92).

The free-will model is in agreement with the disease model in terms of the belief that people cannot control their drug use. However, proponents of the free-will model disagree that substance abuse is biological, disagree that it requires professional help, and disagree that individuals have no accountability for their behavior. Free-will believers assert that substance abuse is primarily a moral weakness. On the other hand, proponents of the AA model agree with the disease model that people are unable to control their drug use and that substance abuse is biological. Advocates of the AA model disagree with proponents of the disease model. The AA model advocates disagree that professional help is required, disagree that people are not accountable for their behavior, and disagree that people are not responsible for their recovery. Those in support of AA look at substance abuse as coping behavior, but they disagree that it is indicative of poor moral character (Luke et al., 2002).

According to Haglund (2000), parenting grandchildren where substance abuse is a factor is a different experience than parenting grandchildren for other reasons (i.e. military deployment, illness, or death of a parent, etc.). Many grandmothers because of the shame associated with addiction will not report that parenting is having an adverse effect on their health. In many cases, parenting grandmothers do not want to reveal that their children are substance abusers (Simpson, 2008). However, Minkler and Roe (1993) reported that many parenting grandmothers have a sense of relief that their grandchildren are in their care because they are able to take control of a situation in which they previously felt helpless. Many grandmothers have relentless hope that their children will recover from substance abuse and resume a parenting role. At the same time, they fear their female substance abusing children will get pregnant again and bring home another grandchild for them to raise. Additionally, there is an expected date to end their parenting when grandmothers assume the parenting because of military deployment or to assist their children as they seek employment or housing. For grandmothers who parent because of substance abuse, there is no expected date for their parenting role to end (Hirshorn et al., 2000).

Often parenting grandmothers are unclear of their boundaries as parents and do not know when to function as a parent or grandparent. The concept of boundary ambiguity “occurs when a family member is physically present but psychologically absent or is physically absent but psychologically present” (Boss & Muligan, 2003, p. 108). The McGowen et al. (2006) study of 124 custodial, co-resident, and nonresident grandmothers reported substance abuse, for all three groups, as the major reason for their parenting or assuming some form of parental responsibility for their grandchildren. The

majority of parenting grandmothers in all three groups reported problems with their grandchildren's parent decreased their feelings of being successful in their role. Although the sample was 89% Caucasian, it supports the premise that boundary ambiguity crosses racial borders when substance abuse is a factor in grandmothers' assuming parenting roles.

For grandmothers who parent grandchildren, particularly when substance abuse is a variable, boundary ambiguity is directly related to the lack of knowing when to function as parent or grandparent. The fluctuating physical presence of the grandchild's parent can increase parenting boundary ambiguity, which can influence parental self-efficacy beliefs. The grandchild's mother is often in and out of the home, acting as a quasi-parent when present and often making promises that are not kept (Cox, 2008; Hirshorn et al., 2000; Sands et al., 2009). Thus, the grandchildren's parent can cause instability in the home because of their fluctuating role and unstable interaction with both their children and the grandmother. According to Dunlap, Tourigny, and Johnson (2000), many parenting grandmothers "are constantly buffering and repairing the damage resulting from drugs" (p. 4). Parenting grandmothers often have the responsibility of buffering damages brought on by arguments with drug-abusing daughters about their drug usage; buffering damages brought on by lack of trust because some drug abusing children steal from the household; and buffering damages incurred as drug abusing children exhibit behaviors that undermine grandmothers' parenting efforts. The drug abusing behaviors of their children inherently brings on additional stress and fear for parenting grandmothers, as well as unpredictability in the home (Dunlap et al., 2000). Additionally, some parenting grandmothers may feel that they are failures as parents and

blame themselves for the addictive behaviors of their own children; therefore, they question their ability to successfully parent their grandchildren (Chenoweth, 2000; Kolomer, 2000).

According to a report released in 2007 by the Substance Abuse and Mental Health Service Administration (SAMHSA) and the 2006 National Survey on Drug Use and Health (NSDUH), 6.3 million women needed treatment for drug abuse disorders in 2006. This number does not reflect the number of women needing treatment but not seeking treatment. Additionally, the Bureau of Justice (2004) reports that the numbers of female prisoners have been steadily increasing in the past decade and this increase is largely attributed to the incarceration of women for nonviolent drug-related crimes. African American females are “2.5 times more likely than Hispanic females and nearly 4.5 times more likely than white females to be incarcerated in prison or jail” (p. 11). The ramifications of drug involvement are unemployment, poor health, legal problems, homelessness, and incarceration. When women are incarcerated, they often call upon their parents, particularly their mothers to care for their children. Simpson (2008) states that “far too often when biological parents call on grandmothers to rear their children, the biological parents receive minimal to no services to help them reunify with their children” (p. 36). Often overlooked in the discussion of women with substance abuse disorders is that fact that eighty percent of women in substance abuse recovery programs have been victims of incest and sexual abuse (Szalavitz, 1999). Poor women with drug abuse disorders have limited access to counseling services to help them deal with their experiences of sexual trauma and childhood molestation. Therefore, a substance abusing

woman's ability or willingness to parent their offspring is often negatively impacted by limited access to resources, support, and counseling.

Substance abuse and drug addiction are stigmatized constructs causing many members of society to have negative attitudes about people who use drugs (Lindberg, Vergara, Wild-Wesley, & Griiman, 2006). Women with substance abuse disorders are often stigmatized to a greater degree than their male counterparts because of engrained social and cultural norms of behavior that dictates what constitutes *good women* and *good mothers*. Women who abuse drugs are often stigmatized by medical professionals (Lindberg et al., 2006). Parenting grandmothers, particularly African American parenting grandmothers, are often stigmatized by medical professionals also, as they are viewed as ineffective parents and victims (McCallion et al., 2000; Moore & Miller, 2007).

Seeing parenting grandmothers as victims can be attributed to a number of factors. In the early 1980s, alarming reports about the fate of babies born to crack addicted mothers surfaced. Americans were told that crack babies did not bond, and the media portrayed babies born to crack addicted mothers as lifelong societal misfits. These babies quickly became the biological underclass. However, it took twenty years to recant stories that made astonishing generalizations about babies born to substance abusing women. Schulz's (2010) follow up article in the *Washington Post* with a story headline that read, "Crack Babies Have Grown into Success Stories" caused many people to reexamine their attitudes and beliefs about children born to crack addicted mothers.

Secondly, earlier research on African American grandmothers (Dowdell, 1995; Joslin & Brouard, 1994; Turpin, 1993) placed a great deal of focus on the strain parenting had on the health grandmothers. In the 1990s, studies were conducted on poor African

American grandparents (Burton, 1992; Minkler et al., 1992) who also lived in drug infested and violent neighborhoods, further compounding their stress-related health issues (Moore & Miller, 2007). These examples illustrate how mass media and empirical studies have the power to shape our attitudes, beliefs, and the meaning we associate with our life experience.

### Summary

Adult education has played a pivotal role in the development of theories with the aim of explaining how adults learn and use learning to make sense out of their experiences. However, adult education's theoretical developments and research paradigms have been lacking in the inclusion of constructs that relate to the issues of race, class, and gender. Many contemporary researchers embrace the ideology that women learn differently from their male counterparts, but there is still a need for adult learning research that includes diversity in terms of class and race and research agendas. The grandparenting phenomenon is an underrepresented topic in adult education literature, and no previous research is available on grandparenting that brings together the concepts of readiness for self-directed learning, parental self-efficacy beliefs, and substance abuse attitudes.

## CHAPTER III

### METHODOLOGY

#### Overview

This study investigated the readiness for self-directed learning of parenting grandmothers using the Oddi Continuing Learning Instrument (OCLI). In addition, the study investigated whether or not parenting grandmothers' readiness for self-directed learning was significantly related to their parental self-efficacy beliefs as measured by the Parental Self-efficacy Scale (PSES) and their attitudes towards substance abuse as measured by the Addiction Belief Inventory (ABI). The following hypotheses were tested:

H1: There is a significant relationship among the total scores on the PSES the total scores on the OCLI among parenting grandmothers.

H2: There is a significant relationship among the total scores on the ABI and the total scores on the OCLI among parenting grandmothers.

H3: There is a significant relationship among the Efficacy to Control Distressing Rumination subscores on the PSES and the Ability to be Self-Regulating subscores on the OCLI among parenting grandmothers.

H4: There is a significant relationship among the Efficacy to Influence Leisure-Time Activities, Efficacy to Control Distressing Rumination, Efficacy to Influence School-Related Performance, and Efficacy in Setting Limits subscores on the PSES and the Avidity for Reading subscores on the OCLI among parenting grandmothers.

H5: There is a significant relationship among the Chronic Disease, Genetic



Basis, Responsibility for Actions, Inability to Control, and Moral Weakness subscores on the ABI and total OCLI scores among parenting grandmothers.

### *Research Questions*

- R1 What are parenting grandmothers' self-directed learning attributes?
- R2 What are parenting grandmothers' self-reported parenting strengths?
- R3 What are parenting grandmothers' attitudes toward substance abuse?

### Research Design

This study used a quantitative methodology, which included administering a questionnaire comprised of the OCLI developed by Lorys Oddi (Appendix A), the PSES developed by Albert Bandura (Appendix B), and the ABI developed by Luke et al. (Appendix C). The questionnaire included sections that gathered demographic information (Appendix D) including age, race, marital status, health status, employment status, educational achievement, religious affiliation, length of parenting, gender and age of grandchildren, support systems, and reason for parenting.

### *The Oddi Continuing Learning Inventory*

The OCLI is comprised of 24 items and uses a 7-point Likert scale with response choices ranging from *Disagree* to *Agree*. Readiness for Self-directed learning is measured on a continuum score of 24 (lowest) to 168 (highest). Scoring of the OCLI yields a total score and three subscores that are generated from its three factors:

1. The General Factor, which includes 15 items of the OCLI's 24 items and examines the learner's motivation and drive, ability to work with others, and the ability to learn through interaction with others;

2. The Ability to be Self-regulating Factor; which includes four of the OCLI's 24 items and examines the learner's self-discipline traits and their ability to manage time and resources; and

3. The Avidity for Reading Factor, which includes five of the OCLI's 24 items and examines the learner's passion for reading and learning.

The OCLI is widely used in adult education research, and its reliability and validity been established through empirical evidence. Oddi (1984, 1986) developed a list of the personality attributes associated with self-directed learners. These attributes were later grouped "around three theoretical formulations describing the motivational, affective, and cognitive attributes of the self-directed continuing learner's personality (Oddi, Ellis, & Roberson, 1990, p. 139).

The formulations included a Proactive Drive versus Reactive Drive, a Commitment to Learning versus Apathy/Aversion to Learning, and a Cognitive Openness versus Defensiveness. Oddi's piloting and field-testing of the OCLI caused her to refine the instrument, while testing its reliability and validity using test-retest reliability coefficients and comparing the dimensions of the OCLI to other instruments recognized as reliable and valid. To assess the OCLI's concurrent validity, Oddi selected the following instruments:

1. the Leisure Activity Survey (LAS), designed to measure the extent of adult participation in educational activities,

2. the Internal-External Scale (I-E Scale), designed to measure differences in beliefs concerning locus of control for life events outcomes,

3. the Adjective Checklist (ACL), an instrument listing adjectives for a variety of personality characteristics; and

4. the Shipley, an instrument used to measure adult intelligence.

The Shipley provided discriminate validity “when scores on the OCLI failed to correlate with scores on the Shipley” (Oddi, 1984, p. 170), and thus, supported the principle that self-directed learning as a personality trait is not contingent on intelligence. Concurrent validity was established when Oddi’s (1984) analysis revealed a significant correlation between the Leisure Activity Survey (LAS) and the OCLI’s Commitment to Learning versus Apathy/Aversion to Learning formulation. There was no correlation between the Internal-External Scale (I-E Scale) and the OCLI’s Proactive Drive versus Reactive Drive formulation. Oddi (1984) used the following four subscales of the Adjective Checklist and established concurrent validity when:

1. The Affiliation subscale, which relates to a person’s flexibility in their interpersonal relationship significantly correlated to the OCLI’s Commitment to Learning versus Apathy/Aversion to Learning formulation;

2. The Endurance subscale significantly correlated to the OCLI’s Proactive Drive versus Reactive Drive formulation;

3. The Self-Confidence subscale significantly correlated to the OCLI’s Proactive Drive versus Reactive Drive formulation; and

4. The Change subscale, which measures openness to change, was not significantly correlated to the Total OCLI score.

Oddi’s validation study (1984, 1986) included 271 graduate students in law (N=110), adult education (N=83), and nursing (N=78). Scores from the study ranged

from 44 to 161. Oddi (1986) reported, “The total group (271) exhibited a range of 117, a mean of 123.627, a standard deviation of 19.026, and a median of 126” (p. 102).

Modifications of the instrument included deleting two items that correlated negatively with the total score, and “the remaining 24 items yielded an internal consistency (standardized coefficient alpha) of .875. Test/retest reliability was .893” (Oddi, 1986, p. 103). The original formulations were regrouped and redefined into three factors: The General Factor, the Ability to be Self-Regulating Factor, and the Avidity for Reading factor. Oddi’s (1984) General Factor accounted for 31% of the reported total variance in the OCLI scores. The Ability to be Self-regulating factor accounted for 8% of the reported variance. The Avidity for Reading factor accounted for 7% of the reported variance. Since the percentages of the total variance of these factors were small, Oddi (1984) configured a total OCLI score, which accounted for almost 50% of the total variance.

Researchers provide further validation of the OCLI by conducting studies to determine if the established factors would replicate across other samples (Harvey, Rothman, & Frecker, 2006; Six, 1989a; Straka, 1996). Using Oddi’s original data set (N=271), Landers’ (1989) data set (N=98), and his data set (N=328), Six reported that:

The high correlation between the two sets of factor scores suggests that the factors derived by Oddi do not break up to form new factors under different study conditions. Furthermore, the results strongly suggest that the factors identified by Oddi are not unique to her sample. (p. 50)

Straka’s (1996) study was conducted “to test again the stability of the Oddi’s factor solution by using a sample from a different culture” (p. 68). Using the same

procedures as Oddi (1984) and Six (1989a) with German college students, Straka's study produced a Cronbach's alpha of .74, and the factor analysis indicated results similar to Six's and Oddi's although the percent of variance explained (32%) was lower than Six's and Oddi's. Straka (1996) commented that the lower percentage may have been caused by the cultural differences associated with the construct of self-directed learning with German students and the possibility of unidentified effects when the instrument was translated into German. Harvey et al. (2006) used scores from a research study of Canadian undergraduate students (N= 250) to reproduce Oddi's obliquely rotated factor analysis, and their factor analysis results were similar to Oddi's (1984, 1986) and Six's (1989b).

The OCLI was selected for this study because it measures self-directed learning as a character trait and primarily focuses on an individual's "proactive approach to learning" (West & Bentley, 1991, p. 76). It is easily accessible from the developer and can be scored by the researcher.

#### *The Parental Self-Efficacy Scale*

Bandura's Parental Self-efficacy Scale (PSES) (2006) was designed to gather information on the confidence levels that parents possess regarding their ability to perform specific parenting tasks. Bandura (1997) posits that parents who score high in parental self-efficacy are more likely to be able to provide proper guidance and support to their children and maintain positive parent/child relationship. Conversely, parents who score low in parental self-efficacy may have difficulty in managing parenting responsibilities and are at risk of experiencing high levels of stress and depression. For

the purposes of this study, the word *grandchild* or *grandchildren* was used as alternative wording for *child* or *children* as they appear on the PSES.

The PSES is a 58 item horizontal numeric scale and uses a 9-point response rate, with a response format of *Nothing to A Great Deal*. The PSES is divided into nine indexes:

1. Efficacy to Influence School-Related Performance;
2. Efficacy to Influence Leisure-Time Activities;
3. Efficacy in Setting Limits, Monitoring Activities and Influencing Peer Affiliations;
4. Efficacy to Exercise Control Over High-Risk Behaviors;
5. Efficacy to Influence the School System;
6. Efficacy to Enlist Community Resource for School Development;
7. Efficacy to Influence School Resources;
8. Efficacy to Control Distressing Rumination; and
9. Resiliency of Self-Efficacy (Bandura, 2006, pp. 329-330).

The PSES's validity and reliability has been established through studies with large samples and various versions. Caprara, Regalia, Scabini, Barbarenelli, and Bandura (2004) used the PSES in their study of 600 parents. A principle components analysis with Oblimin rotation yielded a factor solution based on deleting items that failed to load at .40 or higher. Caprara et al.'s (2004) confirmatory factor analyses determined that the scales correlate with each other and measure the constructs of the instrument, such as, *influencing leisure-time activities*. They reported high internal consistency, with Cronbach's alpha at .92.

In 2003, Caprara, Barbaranelli, Borgogni, and Petitta used the PSES in a study of parents (N=1994), teachers (N=726), and other school personnel (N=387) to examine their self-efficacy beliefs. Items were grouped into factors of personal efficacy, family efficacy, and collective efficacy. The researchers reported, based on these grouping, that there was evidence of a hierarchical structure because the teacher, staff, and parent responses showed a clustering effect. The scale's validity was established by final structural equation modeling. Cronbach's alpha was reported at .86 for parental personal efficacy and .90 each for family efficacy and collective efficacy. Recently, Steca, Bassi, Caprara, and Fave (2011) studied 130 teens and 130 parents. Steca administered a 25-item version of the PSES to parents and reported Cronbach's alpha at .80. A 19-item version of the PSES was administered to the teens. Cronbach's alpha was .83.

The PSES was selected because of its easy response format and readability. Its subscales complement the researcher's interest in focusing on grandmothers' efficacy in relation to specific parenting domains identified by the researcher as important to parenting grandchildren that are affected by substance abuse. Permission to use the PSES was granted by the developer, Dr. Bandura (Appendix E).

#### *Addiction Belief Inventory*

The Addiction Belief Inventory (ABI) was developed in 2002, and is comprised of 30 items to measure alcohol and drug attitudes. It uses a 5-point Likert scale with *Strongly Agree*, *Agree*, *Neutral*, *Disagree*, and *Strongly Disagree* as response choices. The instrument is divided into the following eight sub-scales: Inability to Control, Chronic Disease, and Reliance on Experts, Responsibility for Actions, and Responsibility for Recovery, Genetic Basis, Coping, and Moral Weakness.

The ABI was developed by examining addiction models, including the disease model (Jellinek, 1960) and the Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) 12-step models. Using data gathered from 536 patients of a psychiatric hospital serving the inner city and 670 participants from an inner-city halfway house, Luke et al. (2002) conducted confirmatory factor analysis using structural equation modeling in the development of the instrument and its subscales that resulted in the deletion of items that failed to load at  $< .50$ . Confirmatory factor analysis strongly supported the seven subscales; however, the eighth subscale, Moral Weakness, showed modest support and poor internal consistency.

Luke et al. (2002) assessed the ABI's reliability by examining its internal consistency and through test-retest reliability. Cronbach's alphas, measuring internal consistency, range from .61 to .83. Cronbach's alpha ranges for the subscales are: a) .60 to .71 for inability to control, chronic disease, and reliance on experts; b) .62 to .72 for responsibility for actions; c) .63 to .73 for responsibility for recovery; d) .62 to .65 for genetic basis; e) .75 to .83 for coping; and f) .53 to .68 for moral weakness. To further test the reliability of the ABI, Luke et al. (2002) administered the instrument to the psychiatric patients during interval points after hospital discharge, and reported that "the average magnitude of correlations between each subscale at time 1 and all other subscales at time 2 is only .13" (p. 105). Thus, the ABI's reliability was established.

Validity evidence was initially established by multivariate analysis where "the ABI scales were related to concurrently measured demographic and substance misuse variables" (Luke et al., 2002, p. 105). Validity assessment included questioning if demographic variables were related to addiction beliefs and if addiction beliefs were



contingent on prior substance use, history of participation in self- help programs, and a person's belief as to if they were addicted or not addicted. Analyses supported that seven of the ABI subscales related to at least one of the substantive predictor variables of substance abuse treatment, AA/NA attendance, and self-labeled drug problem.

For the purpose of this study, the following ABI subscales were chosen as independent variable to investigate: 1) inability to control; 2) chronic disease; 3) responsibility for actions; 4) genetic basis; and 5) moral weakness. The moral weakness subscale is often not included in the administration of the ABI because its alpha score generally falls within the realm of questionable or poor internal reliability. However, Broadus, Hartje, Roget, Cahoon, and Clinkinbeard's (2010) study (N = 215) included the Moral Weakness subscale because "it pertains to the beliefs about the etiology of addiction" (p. 285). The Moral Weakness subscale is included in this study because of the researchers' interest in examining this belief.

The ABI was selected for this study because of its adaptability to diverse populations, and its subscales and items use terminology that is familiar to those who possess a very basic knowledge of substance abuse and addiction (Broadus et al., 2010). Permission to use the ABI was granted by Dr. Luke (Appendix F).

#### Data Analysis

The predictor variables were parental self-efficacy and addiction belief. The criterion variable was readiness for self-directed learning. The hypotheses were tested by Pearson correlation at the .05 level of significance.

## CHAPTER IV

### RESULTS

#### Overview

The purpose of this study was to investigate the relationships of parental self-efficacy beliefs and addiction belief to readiness for self-directed among parenting grandmothers. Parenting grandmothers between the ages of 40 to 75 years old were recruited to participate in the study. Data were collected from parenting grandmothers who participated in a local support group, an online support group, and through the local public school system (Appendix H). The sample included 27 parenting grandmothers. Responses from four participants were removed due to inaccurate completion of the research instrument, which left 23 responses for analysis.

#### Descriptive Data

##### *Age*

The majority of the participants were in the age bracket of 61-70 (57%). The age bracket of 51-60 was the next largest group representing 26% of the sampled population. Therefore, over 80% of the sample ranged in age from 51-70.

##### *Race*

Eighty-three percent of the grandmothers were African American parenting grandmothers, while 17% were Caucasian.

##### *Marital Status*

The majority of the participants were divorced (39%) or widowed (34%). Therefore, 78.3% of the sample were single parents.

### *Health*

The data revealed that 47.8% of the participants rated their health as fair, while 17.4%, each rated their health as excellent, or good, or poor.

### *Employment*

The data indicated that 82.6% of the participants did not work outside of the home, with 47.8% retired, 17.4% unemployed, and 17.4% disabled. The remaining participants worked full-time or part-time.

### *Income*

Most (47.8%) of the participants had incomes in the \$10,000 to \$19,999 range. The \$10,000 and under income range was the next largest group representing 17.4% of the participants. Over one-half (65.2%) of the participants, then, had incomes under \$20,000.

### *Education*

The educational level of the participants ranged from 8th grade or less to having a college degree. The smallest group (8.8%) were in the 8<sup>th</sup> or less education bracket, while 17.4% had some high school, 21.7% had received their high school diploma. Participants with college degrees represented 17.4% of the sample

### *Religious Affiliation*

The majority of participants reported their religious affiliation as Baptist (74%). Seventeen percent reported their religious affiliation as other, while identifying no specific denomination or religious orientation. Descriptive analysis and frequencies for demographic data are located in Table I.

Table I

*Demographic Data*

Demographic	Frequency	Percent
<b>Age</b>		
40 to 50	1	4.3
51 to 60	6	26.1
61 to 70	13	56.5
71 to 75	3	13.1
<b>Race</b>		
African American	19	82.6
White	4	17.4
<b>Marital Status</b>		
Married	5	21.7
Divorced	9	39.2
Never Married	2	8.7
Widowed	7	30.4
<b>Health</b>		
Excellent	4	17.4
Good	4	17.4
Fair	11	47.8
Poor	4	17.4

Table 1 (continued).

Demographic	Frequency	Percent
<b>Employment</b>		
Retired	11	47.8
Part-time	1	4.3
Full-time	3	13.1
Unemployed	4	17.4
Disabled	4	17.4
<b>Income</b>		
Under \$10,000	4	17.4
\$10,000 to \$19,999	11	47.8
\$20,000 to \$29, 999	3	13.1
\$30,000 to \$39,999	1	4.3
\$40,000 to \$49,999	2	8.7
\$50,000 and over	2	8.7
<b>Education</b>		
8 <sup>th</sup> grade or less	2	8.8
Some High School	4	17.4
High School Diploma	5	21.7
Vocational Training	1	4.3

Table 1 (continued).

Demographic	Frequency	Percent
<b>Education</b>		
Some College	7	30.4
College Degree	4	17.4
<b>Religious Affiliation</b>		
Baptist	17	74.0
Protestant	2	9.0
Other	4	17.0

### Grandparenting Data

#### *Years of Parenting*

The majority of the participants (73.9%) reported parenting for more than five years. Those participants parenting for more than six months but less two years represented the next largest group (17.4%).

#### *Number of Grandchildren*

The participants who were parenting one grandchild represented 39.1% of the sample, and 43.5% were parenting two grandchildren.

#### *Age/Gender of Grandchildren*

The sample consisted of 41 grandchildren under the participants' care, of which 43.9% were in the five to 11 age bracket and 56.1% were in the 12 to 17 age bracket. Grandchildren of the participants consisted of 20 males (49%) and 21 females (51%).

### *Paternal/Maternal Relationship*

The majority of the participants (82.6%) assumed full-time parental responsibility for their biological daughter's children, while 17.4% cared for their biological son's children.

### *Grandparent to Parent Relationship*

The majority of the participants (34.8%) rated their relationship with their grandchildren's parents as fair most of the time.

### *Support Systems*

The majority of the participants (47.8%) received support for parenting from family members. The church was the next largest group of support (13.1%).

### *Reasons for Grandparenting*

The majority of the participants in the study (69.7%) reported that they were parenting grandchildren because of the substance abusing behaviors of their children. Specific grandparenting data is located in Table 2.

Table 2

### *Grandparenting Data*

Demographic	Frequency	Percent
<b>Years of Parenting</b>		
more than six months but less than 2 years	4	17.4
more than 2 years but less than five years	2	8.7
more than 5 years	17	73.9

Table 2 (continued).

Demographic	Frequency	Percent
Number of Grandchildren		
One grandchild	9	39.1
Two Grandchildren	10	43.5
Three Grandchildren	4	17.4
Age of Grandchildren		
No grandchildren ages 5 to 11	10	43.5
One grandchild ages 5 to 11	9	39.1
Two grandchildren ages 5 to 11	3	13.1
Three grandchildren ages 5 to 11	1	4.3
No grandchildren ages 12 to 17	6	26.1
One grandchild age 12 to 17	12	52.2
Two grandchildren age 12 to 17	4	17.4
Three grandchildren age 12 to 17	1	4.3
Gender of Grandchildren		
No male grandchildren	9	39.1
One male grandchild	8	34.8
Two male grandchildren	6	26.1
Three male grandchildren	0	0.0



Table 2 (continued).

Demographic	Frequency	Percent
<b>Gender of Grandchildren</b>		
No female grandchildren	8	34.8
One female grandchild	10	43.5
Two female grandchildren	4	17.4
Three female grandchildren	1	4.3
<b>Grandparent/Parent Relationship</b>		
Very Good Most of the Time	6	26.1
Fair Most of the Time	8	34.8
Good Most of the Time	6	26.1
Poor Most of the Time	2	8.7
Deceased	1	4.3
<b>Support Systems</b>		
Friends	... 2	8.7
Neighbors	1	4.3
Church	3	13.1
Family	11	47.8
Other Support	2	8.7
All of the Above	1	4.3
No Support	3	13.1

Table 2 (continued).

Demographic	Frequency	Percent
Reason for Grandparenting		
Parent Deceased	1	4.3
Parent Incarcerated	1	4.3
Parent Drug Abuse	16	69.7
Parent Sick	1	4.3
Other	4	17.4

#### Descriptive Statistics

##### *Scores on the OCLI*

The total possible scores on the OCLI range from 24 to 168 (with higher scores indicating higher degrees of readiness for self-directed learning.) The normative mean for the OCLI is 123.627 and standard deviation is 19.026 (Oddi, 1984, 1986). The total possible subscores for the General Factor OCLI subscale range from 15 to 105. The total possible subscores for the Ability to be Self-Regulating OCLI subscale range from 4 to 28. The total possible subscores for the Avidity for Reading OCLI subscale range from 5 to 35. The mean, standard deviation, and minimum and maximum scores for the OCLI and its subscales are located in Table 3.

Table 3

*OCLI Descriptive Statistics – Subscales, Means, Standard Deviations, and Minimum and Maximum Scores*

Scale	Mean	Standard Deviation	Minimum	Maximum
Total Score	121.96	12.690	93	145
General Factor Subcores	86.00	9.756	65	99
Ability to Self-Regulate Subcores	11.52	3.666	4	28
Avidity for Reading Subcores	22.60	5.103	11	30

For statistical analysis, the OCLI's 7-point scale was modified into a 3-point scale. The response ratings of *Strongly Disagree*, *Moderately Disagree*, and *Slightly Disagree* were combined into *Disagree*. The response ratings of *Strongly Agree*, *Moderately Agree*, and *Slightly Agree* were combined into *Agree*. The response ratings for *Undecided* remained the same. The frequencies and percentages for the OCLI's subscales of General Factor, Ability to Self-Regulate, and Avidity for Reading are located in Table 4.

Table 4

*OCLI Subscales – Frequencies and Percentages*

Subscale/Item	Response	Percent	Frequency
<i>General Factor</i>			
Complete tasks	Disagree	4.3	1
	Undecided	4.3	1
	Agree	91.4	21
Work Helps Society	Disagree	4.3	1
	Undecided	17.4	4
	Agree	78.3	18
Involve others to learn	Disagree	8.7	2
	Undecided	8.7	2
	Agree	82.6	19
Meet daily challenges	Disagree	0.0	0
	Undecided	8.7	2
	Agree	91.3	21
Seek views of others	Disagree	0.0	0
	Undecided	4.3	1
	Agree	95.7	21
Have means of self-expression	Disagree	8.7	2
	Undecided	13.0	3
	Agree	78.3	18
Volunteer for projects	Disagree	26.0	6
	Undecided	17.4	4
	Agree	56.6	13
Do not prejudge others	Disagree	00.0	0
	Undecided	8.7	2
	Agree	91.3	21
Perform tasks well due to personal effort	Disagree	00.0	0
	Undecided	4.3	1
	Agree	5.7	22

Table 4 (continued).

Subscale/Item	Response	Percent	Frequency
<i>General Factor</i>			
Work diligently on tasks	Disagree	8.7	2
	Undecided	4.3	1
	Agree	87.0	20
Relate to others based on race or status	Disagree	47.8	11
	Undecided	8.7	2
	Agree	43.5	10
Seek to meet new people	Disagree	21.7	5
	Undecided	4.3	1
	Agree	74.0	17
Discuss activities with others	Disagree	26.2	6
	Undecided	13.0	3
	Agree	60.8	14
Work better alone	Disagree	17.4	4
	Undecided	4.3	1
	Agree	78.3	18
<i>Ability to Self-Regulate</i>			
Depend on approval of others	Disagree	17.3	4
	Undecided	8.7	2
	Agree	74.0	17
Have hard time judging performance	Disagree	56.6	13
	Undecided	21.7	5
	Agree	21.7	5
Able to resist pressure of others	Disagree	13.0	4
	Undecided	4.3	1
	Agree	82.7	18
Fear has hindered my goal achievement	Disagree	56.6	13
	Undecided	4.3	1
	Agree	39.1	9

Table 4 (continued).

Subscale/Item	Response	Percent	Frequency
<i>Avidity for Reading</i>			
Like to learn the meaning of new words	Disagree	00.0	0
	Undecided	8.7	2
	Agree	91.3	21
Rarely read newspapers	Disagree	43.5	10
	Undecided	4.3	1
	Agree	52.2	12
Read serious literature	Disagree	39.2	9
	Undecided	13.0	3
	Agree	47.8	11
Have been a reader since childhood	Disagree	17.3	4
	Undecided	8.7	2
	Agree	74.0	17
Read newspapers or magazines weekly	Disagree	30.5	7
	Undecided	00.0	0
	Agree	69.5	16

#### *Scores on the PSES*

For statistical analysis, the PSES' 9-point response scale was classified into three categories, and the responses rated as a one, two, or three were coded as *low parental self-efficacy*. The responses rated as a four, five, or six were coded as *moderate parental self-efficacy*. The responses rated as a seven, eight, or nine were coded as *high parental self-efficacy*.

The total possible scores on the PSES range from 58 to 522 (with high scores on the PSES indicating of higher levels of parental self-efficacy beliefs.) Analysis revealed that 17.4% of parenting grandmothers' total PSES scores were 265 or below, and 13% of

parenting grandmothers' total score on the PSES was 395 or above. The mean, standard deviation, and minimum and maximum scores for the PSES and its subscales are located in Table 5.

Table 5

*PSES Descriptive Statistics – Subscales, Means, Standard Deviations, and Minimum and Maximum Scores*

Scale	Mean	Standard Deviation	Minimum	Maximum
Total PSES Score	321.65	56.160	217	418
School-Related Performance	54.91	16.121	16	72
Leisure-Time Activity	18.91	5.728	7	27
Setting Limits	60.83	12.855	29	78
Control-High Risks Behaviors	32.70	9.251	9	45
Influence School System	53.78	14.045	23	80
Enlist Community Resources for School	30.26	3.488	11	62
Influence School Resources	8.13	3.757	2	16
Control Distressing Rumination	23.09	8.628	8	36
Resiliency of Efficacy	45.39	11.606	22	63

*Parenting Domains Subscores*

Parental self-efficacy for this study was investigated using the PSES' specific parenting domains of efficacy to influence school-related performance, efficacy to influence leisure-time activities; efficacy in setting limits, monitoring activities and influencing peer affiliations; and efficacy to control distressing rumination. Table 6 provides descriptive data for the above parenting domains.

Table 6

*PSES Subscales – Frequencies and Percentages*

Subscale/Item	Response	Percent
<i>School-Related Performance</i>		
Able to help grandchild to see school as valuable	Low Efficacy	26% (N = 6)
	Moderate Efficacy	4% (N = 1)
	High Efficacy	70% (N = 16)
Able to help grandchild with homework	Low Efficacy	30% (N = 6)
	Moderate Efficacy	13% (N = 3)
	High Efficacy	57% (N = 12)
Able to help grandchild to work hard at doing homework	Low Efficacy	17% (N = 4)
	Moderate Efficacy	9% (N = 2)
	High Efficacy	74% (N = 17)
Able to help grandchild stay out of trouble in school	Low Efficacy	17% (N = 4)
	Moderate Efficacy	13% (N = 3)
	High Efficacy	70% (N = 16)
Able to help grandchild not to skip school	Low Efficacy	13% (N = 3)
	Moderate Efficacy	13% (N = 3)
	High Efficacy	74% (N = 17)
Able to help grandchild get good grades	Low Efficacy	13% (N = 3)
	Moderate Efficacy	22% (N = 5)
	High Efficacy	65% (N = 15)



Table 6 (continued).

Subscale/Item	Response	Percent
<i>School-Related Performance</i>		
Able to teach grandchild to enjoy school	Low Efficacy	9% (N = 2)
	Moderate Efficacy	13% (N = 3)
	High Efficacy	78% (N = 18)
Able to teach grandchild that working hard in school leads to successes	Low Efficacy	13% (N = 3)
	Moderate Efficacy	13% (N = 3)
	High Efficacy	74% (N = 17)
Able to involve grandchild in activities outside of school	Low Efficacy	26% (N = 6)
	Moderate Efficacy	17% (N = 4)
	High Efficacy	57% (N = 13)
Able to help grandchild keep physically fit	Low Efficacy	9% (N = 2)
	Moderate Efficacy	30% (N = 7)
	High Efficacy	61% (N = 14)
Able to involve yourself in leisure activities with grandchild	Low Efficacy	17% (N = 4)
	Moderate Efficacy	13% (N = 3)
	High Efficacy	70% (N = 16)
<i>Setting Limits</i>		
Able to keep track of grandchildren when they are outside of the home	Low Efficacy	9% (N = 2)
	Moderate Efficacy	13% (N = 3)
	High Efficacy	78% (N = 18)
Able to prevent grandchild from being with wrong crowd	Low Efficacy	13% (N = 3)
	Moderate Efficacy	7% (N = 4)
	High Efficacy	70% (N = 16)
Able to get grandchild to associate with positive friends	Low Efficacy	13% (N = 3)
	Moderate Efficacy	35% (N = 8)
	High Efficacy	52% (N = 12)
Able to get grandchild to complete tasks at home	Low Efficacy	9% (N = 2)
	Moderate Efficacy	26% (N = 6)
	High Efficacy	65% (N = 15)

Table 6 (continued).

Subscale/Item	Response	Percent
<i>Setting Limits</i>		
Ability to manage grandchild's behavior	Low Efficacy	9% (N = 2)
	Moderate Efficacy	4% (N = 1)
	High Efficacy	87% (N = 20)
Able to instill your values in your grandchild	Low Efficacy	4% (N = 1)
	Moderate Efficacy	18% (N = 4)
	High Efficacy	78% (N = 18)
Able to spend time with grandchild and their friends	Low Efficacy	9% (N = 2)
	Moderate Efficacy	30% (N = 7)
	High Efficacy	61% (N = 14)
Able to work with other parents to keep neighbor safe	Low Efficacy	26% (N = 6)
	Moderate Efficacy	35% (N = 8)
	High Efficacy	39% (N = 9)
Able to keep grandchild from dangerous areas	Low Efficacy	22% (N = 5)
	Moderate Efficacy	13% (N = 3)
	High Efficacy	65% (N = 15)
<i>Control Distressing Rumination</i>		
Able to stop yourself from worrying	Low Efficacy	43% (N = 10)
	Moderate Efficacy	9% (N = 2)
	High Efficacy	48% (N = 11)
Able to take mind off upsetting experiences	Low Efficacy	39% (N = 9)
	Moderate Efficacy	13% (N = 3)
	High Efficacy	48% (N = 11)
Able to keep from being upset by everyday problems	Low Efficacy	22% (N = 5)
	Moderate Efficacy	13% (N = 3)
	High Efficacy	65% (N = 15)
Able to focus after upsetting experiences	Low Efficacy	22% (N = 5)
	Moderate Efficacy	17% (N = 4)
	High Efficacy	61% (N = 14)

*Additional Parenting Domains Analysis*

The *Efficacy to Exercise Control Over High-Risk Behaviors* subscale contains five items. The high efficacy percentages were:

1. 56.5% (N = 15) reported having the ability to prevent their grandchildren from doing things they did not want them to do outside the home;
2. 65.5% (N = 15) reported the ability to prevent their grandchildren from becoming involved in drugs or alcohol;
3. 52.1% (N = 12) reported the ability to prevent their grandchildren from becoming involved in premature sexual activity;
4. 78.2% (N = 18) reported the ability to do quite a bit to a great deal if they found their grandchildren using drugs or alcohol; and
5. 60.8% (N = 14) reported the ability to do quite a bit to a great deal if they found that their grandchildren were sexually active.

For the most part, the *Efficacy to Influence the School System* subscores were low. Out of the 10 items on this subscale, seven percentages ranged from 4% to 26%. The three highest percentages were:

1. 65.2% (N = 15) reported the ability to influence what teachers expected of their grandchildren to be able to do in schoolwork;
2. 78.2% (N = 18) reported the ability to influence what their grandchildren did after school; and
3. 34.7% (N = 8) reported the ability to influence what was taught in their grandchildren's school.

The *Efficacy to Enlist Community Resources for School Development* subscores for the most part were low. Nine out of the 10 subscores on this subscale ranged between 4% and 13%. Only 17.3% (N = 4) of the participants reported having confidence in their ability to get neighbor groups, churches, businesses, youth organizations, and colleges and universities involved in working with schools.

The *Efficacy to Influence School Resources* subscale contains two items. Participants' responses indicated low efficacy levels as only 8.6% (N = 2) each reported high confidence levels in their ability to help their grandchildren's school get needed educational materials and to influence the size of classes in their grandchildren's schools.

The *Resiliency of Efficacy* subscale contains seven items. The top four high efficacy percentages were:

1. 65.1% (N = 15) indicated the ability to handle tough problems;
2. 69.6% (N = 16) indicated the ability to bounce back after they had tried their best and failed;
3. 78.3% (N = 17) indicated the ability to keep trying when facing adversity; and
4. 69.5% (N = 16) indicated the ability to overcome discouragement when nothing they tried seemed to work.

#### *Scores on the ABI*

For statistical analysis, the ABI's 5-point scale was modified into a 3-point scale. The response ratings of *Strongly Agree* and *Agree* were combined into *Agree*. The response ratings of *Neutral* remained the same. The response ratings of *Strongly Disagree* and *Disagree* were combined into *Disagree*. Table 7 contains the mean, standard deviation, and minimum and maximum scores for the ABI and its subscales.

Table 7

*ABI Descriptive Statistics – Subscales, Means, Standard Deviations, and Minimum and Maximum Scores*

Scale	Mean	Standard Deviation	Minimum	Maximum
Total Score	57.96	23.023	30	113
<i>Subscales</i>				
Inability to Control	14.78	3.104	11	20
Chronic Disease	8.61	3.244	4	16
Reliance on Experts	6.70	2.787	3	13
Responsibility for Actions	12.17	2.480	7	15
Responsibility for Recovery	6.74	2.562	3	11
Genetic Basis	10.57	2.276	6	15
Coping	12.87	5.260	5	25
Moral Weakness	13.26	3.333	8	20

Attitude toward addiction for this study was investigated using the ABI, with specific focus on its subscales of inability to control, chronic disease, responsibility for actions, genetic basis, and moral weakness. Although 70% of the participants were in agreement to those items relating to addiction being a chronic disease, 81% of the participants were in disagreement to those items indicating that people who use drugs and alcohol should not be held responsible for their actions. Table 8 reports the responses, percentages, and frequencies for the ABI's subscales.

Table 8

*ABI Subscales – Frequencies and Percentages*

Subscale/Item	Response	Percent	Frequency
<i>Inability to Control</i>			
Addicted people can control using	Agree	43.4	10
	Disagree	52.3	12
	Neutral	4.3	1
Addicted people can learn to control using	Agree	52.1	12
	Disagree	47.9	11
	Neutral	0.0	0
Addicted people are able to use socially	Agree	8.7	2
	Disagree	87.0	20
	Neutral	4.3	1
Treatment helps addicted people to use socially	Agree	13.0	3
	Disagree	87.0	20
	Neutral	0.0	0
<i>Chronic Disease</i>			
A drug problem can only get worse	Agree	65.3	15
	Disagree	30.4	7
	Neutral	4.3	1
Recovery is a continuous process	Agree	69.5	16
	Disagree	21.8	5
	Neutral	8.7	2
Addicted persons must stop using all substances	Agree	78.2	18
	Disagree	17.5	4
	Neutral	4.3	1
Drug addiction is a disease	Agree	65.2	15
	Disagree	26.1	6
	Neutral	8.7	2

Table 8 (continued).

Subscale/Item	Response	Percent	Frequency
<i>Reliance on Experts</i>			
Addicted persons cannot solve problems on their own	Agree	69.6	15
	Disagree	21.7	6
	Neutral	8.7	2
Addicted persons need professional help	Agree	73.9	17
	Disagree	21.7	5
	Neutral	4.3	1
Addicted persons should rely on other experts	Agree	74.0	17
	Disagree	13.0	3
	Neutral	13.0	3
<i>Responsibility for Actions</i>			
Addicted people are not responsible for actions while high or drunk	Agree	17.4	4
	Disagree	82.6	19
	Neutral	0.0	0
It is not their fault they use	Agree	13.0	3
	Disagree	82.6	19
	Neutral	4.3	1
Addicted people are not responsible for actions until they learn about addiction	Agree	8.6	2
	Disagree	78.4	18
	Neutral	13.0	3
<i>Responsibility for Recovery</i>			
Addicted persons are responsible for recovery	Agree	78.3	18
	Disagree	17.4	4
	Neutral	4.3	1
Only the addicted person can decide when to stop using	Agree	73.9	4
	Disagree	26.1	19
	Neutral	0.0	0

Table 8 (continued).

Subscale/Item	Response	Percent	Frequency
<i>Genetic Basis</i>			
Some people are addicts or alcoholics from birth	Agree	21.7	5
	Disagree	52.2	12
	Neutral	26.1	6
Alcoholism and drug addiction is inherited	Agree	17.5	4
	Disagree	60.8	14
	Neutral	21.7	5
Children of addicted people will become addicted if they use	Agree	34.8	8
	Disagree	47.8	11
	Neutral	17.4	4
<i>Coping</i>			
Addicted people use drugs/alcohol to avoid personal problems	Agree	65.2	15
	Disagree	30.5	7
	Neutral	4.3	1
Addicted people use drugs/alcohol to feel better about themselves	Agree	65.2	15
	Disagree	26.1	6
	Neutral	8.7	2
Addicted people use drugs/alcohol to lessen their depression	Agree	78.3	18
	Disagree	17.4	4
	Neutral	4.3	1
Addicted people use because they cannot cope with life	Agree	52.2	12
	Disagree	30.4	7
	Neutral	17.4	4
Addicted people use to escape from bad family situations	Agree	43.5	10
	Disagree	30.4	7
	Neutral	26.1	6



Table 8 (continued).

Subscale/Item	Response	Percent	Frequency
<i>Moral Weakness</i>			
Abusing drugs/alcohol is a sign of personal weakness	Agree	78.3	18
	Disagree	17.4	4
	Neutral	4.3	1
Addicted people are personally responsible for their addiction	Agree	78.3	18
	Disagree	17.4	4
	Neutral	4.3	1
Relapse is a personal failure	Agree	60.9	4
	Disagree	26.1	6
	Neutral	13.0	3
Addicted people use because they want to	Agree	56.5	13
	Disagree	26.1	6
	Neutral	17.4	4
It is their fault if an addict/alcoholic relapses	Agree	56.6	13
	Disagree	21.7	5
	Neutral	21.7	5

### Data Analysis

The hypotheses were combined in the data analysis process. The Pearson correlation coefficients and their level of significance for each of the dependent variables in relationship to selected variables on the PSES and selected variables on the ABI are presented below.

H1: There is a significant correlation between the total PSES scores and the total OCLI scores ( $r = .371, p = .041$ ). Therefore, Hypothesis 1 was supported.

H2: There is a significant correlation between total ABI scores and total OCLI scores ( $r = -.004, p = .492$ ). Therefore, Hypothesis 2 was not supported.

H3: There is a significant correlation between Efficacy to Control Distressing Rumination subscores on the PSES and the Ability to be Self-Regulating subscores on the OCLI ( $r = .184, p = .201$ ). Therefore, Hypothesis 3 was not supported.

H4: There is a significant correlation between the PSES subscores and the Avidity for Reading OCLI subscores

- Efficacy to Influence Leisure Activities and OCLI  $r(N = 23) = .325, p = .065$
- Efficacy to Influence School Performance and OCLI  $r(N = 23) = .079, p = .360$
- Efficacy in Setting Limits and OCLI  $r(N = 23) = .099, p = .326$
- Efficacy to Control Distressing Rumination and OCLI  $r(N = 23) = .480, p = .010^*$

Therefore, Hypothesis 4 is only partially supported.

H5: There is a significant correlation between the ABI subscores and the OCLI score

- Chronic Disease and OCLI  $r(N = 23) = -.155, p = .240$
- Genetic Basis and OCLI  $r(N = 23) = -.228, p = .148$
- Moral Weakness and OCLI  $r(N = 23) = -.182, p = .203$
- Responsibility for Actions OCLI  $r(N = 23) = -.522, p = .005^*$
- Inability to Control and OCLI  $r(N = 23) = 0.362, p = .045^*$

Therefore, Hypothesis 5 is only partially supported.

## CHAPTER V

### DISCUSSION

This study used self-directed learning theory and feminist theory, which is situated within a social constructivism paradigm, as its theoretical framework. A foundational principle of self-directed learning is an individual's ability to take responsibility for their learning (Brockett & Hiemstra, 1991). However, many associate this ability to the learner's personal characteristics and traits (Oddi, 1984). This study focused on self-directed learning as a character trait of the adult learner. Self-directed learning as a character trait asserts there are identifiable characteristics that some learners possess that propel them to continue to engage in learning. Feminist theory asserts that women, minorities, and other marginalized groups are systematically devalued in societies, and the constructs of gender, race, ethnicity, and class are used to silence and set limits on what people believe about themselves and the world around them (Harding, 1993). Social constructivism theory's premise is that there is a connection between learning and experience, and people make meaning from their life experiences based on their social environments and sociocultural realities (Vygotsky, 1978).

#### Purpose and Procedures

This study was conducted to investigate readiness for self-directed learning as measured by the Oddi Continuing Learning Instrument (OCLI) in relationship to parental self-efficacy and addiction belief. Parental self-efficacy beliefs were measured by the Parental Self-Efficacy Scale (PSES). The Addiction Belief Inventory (ABI) was used to investigate addiction belief.

Data for this study were collected in the fall semester of 2012. Upon approval of the university's Human Subject Protection Review Committee (Appendix G), flyers announcing the study were distributed to churches, public libraries, community-based organizations, and throughout the local school system (Appendix H). The researcher also made use of on-line social networks and grandparent support groups. The researcher's contact information was made available, and individuals interested in the study contacted the researcher. Potential participants were screened to ensure they met the study's profile and were interested in completing the questionnaire. A safe and accessible data gathering site was established where participants received information about the study and completed the questionnaire and a demographic profile sheet.

#### Summary of Findings

This study examined parental self-efficacy and addiction belief in relation to readiness for self-directed learning. In this study, the findings indicated a significant correlation between parental efficacy beliefs and readiness for self-directed learning. The findings also indicated a significant correlation between the addiction belief of responsibility for actions and readiness for self-directed learning and a significant correlation between the addiction belief of inability to control substance abuse and readiness for self-directed learning.

#### Conclusions and Discussion

The conclusions in this study are based on testing five hypotheses used to investigate readiness for self-directed learning. The statistical results should be interpreted with caution because of the small sample size, which was not adequate to

conduct multiple correlations. However, the data provides suggestions of the relationships between variables.

In this study, the results indicated a significant correlation between the total scores on the PSES and the total scores on the OCLI among parenting grandmothers. Therefore, the findings indicated a significant correlation between parental efficacy beliefs and readiness for self-directed learning. The analysis indicated that parenting grandmothers reported high parenting efficacy in setting limits, monitoring activities, and influencing peer affiliations; high parenting efficacy to influence school-related performance; and high parenting efficacy in their ability to control distressing rumination. Parenting grandmothers' overall had low scores for the twenty-two items that measured empowerment-related constructs, such as influencing community systems. For parenting grandmothers, self-efficacy to influence systems may be related to their beliefs and realities that institutions are insensitive to their needs (Hirshorn et al., 2000). The beliefs that some parenting grandmothers have in their ability to influence their communities and school resources are interconnected to established race, gender, age and class societal boundaries, coupled with the reality of living in impoverished and drug invested communities. All of these factors work in cohesion to instill in some parenting grandmothers a sense of powerlessness to bring change to their communities (Harding, 1993; Simpson & Lawrence-Webb, 2009).

Although the majority of parenting grandmothers in this study reported high levels of efficacy in not letting bad days and everyday problems get them down, their parental self-efficacy scores were low in terms of worrying and taking their minds off upsetting experiences. The inability to take their minds off distressing experiences may

exist due to boundary ambiguity (Boss & Mulligan, 2003), which identifies that although grandmothers' substance abusing children are absent from the home, they may be psychologically present and contributing to their mothers' worrying thoughts. Strained and fluctuating relationships with their addicted children (Sands et al, 2009) and end of life concerns (Ebert & Aleman, 2008) may have influenced their ability to taking their minds off upsetting experiences. Additionally, 78% of the parenting grandmothers in this study were single parents and 65% had incomes under twenty thousand dollars per year. Parenting grandmothers reported their overall experiences of parenting as positive. However, it is important to note that studies indicate that some parenting grandmothers may over report their ability to parent out of fear that their grandchildren will be taken from them and placed in formal foster care or with other state agencies (Emick & Hayslip, 1999; McCallion et al., 2000).

This study's results revealed no significant correlation between efficacy to influence school-related performance subscores on the PSES and the Avidity for Reading subscores on the OCLI for parenting grandmothers. There was no significant correlation between efficacy to influence-leisure-time activities subscores on the PSES and the Avidity for Reading subscores on the OCLI for parenting grandmothers. Results showed no significant correlation existed between efficacy to influence school-related performance subscores on the PSES and the Avidity for Reading subscores on the OCLI for parenting grandmothers. This study revealed no significant correlation between efficacy in setting limits subscores on the PSES and the Avidity for Reading subscores on the OCLI for parenting grandmothers. Although the results of this study indicated no significant correlation between efficacy to control distressing rumination subscores on the

PSES and the ability to be self-regulating subscores on the OCLI, there was a significant correlation between efficacy to control distressing rumination subscores on the PSES and the Avidity for Reading subscores on the OCLI for parenting grandmothers. Therefore, the findings indicated a significant correlation between parental self-efficacy to control distressing rumination and readiness for self-directed learning. These findings are inconsistent with Gibson's (2005) study that reported African American parenting grandmothers, in spite of challenges, were efficacious in those parenting domains that were directly related to the wellbeing of their grandchildren such as taking an active role in the education of their grandchildren and involving them in selective activities.

Results of this study indicated no significant correlation between the total scores on the ABI and the total scores on the OCLI among parenting grandmothers. This study's results indicated no significant correlation between the chronic disease subscores on the ABI and total OCLI scores among parenting grandmothers, no significant correlation between the genetic basis subscores on the ABI and total OCLI scores among parenting grandmothers, and no significant correlation between the moral weakness subscores on the ABI and total OCLI scores among parenting grandmothers. However, a strong significant correlation was found between the responsibility for actions subscores on the ABI and total OCLI scores among parenting grandmothers, and a significant correlation was found between inability to control substance abuse subscores on the ABI and the total OCLI scores. Therefore, the findings indicated a significant correlation between substance abuse belief of responsibility for actions and readiness for self-directed learning and a significant

correlation between inability to control substance abuse and readiness for self-directed learning.

The lack of correlation between the overall scores on the ABI and the total scores on the OCLI may exist because of great variability. The ABI is designed to measure addiction belief based on three models that are somewhat dichotomous in their views of addiction (Luke et al., 2002). In America, we have been socialized to view addiction as a biomedical construct (Gassman & Weisner, 2005). Many addiction experts generally define addiction as a disease and support the premises of the disease model (Leshner, 2001), which includes the belief of people are not responsible for their behavior, the belief of people cannot control their drinking or drug use, and the belief that substance abusers cannot drink or use drugs sociably. This was not the case for parenting grandmothers. Analysis revealed the majority of parenting grandmothers (62%) in this study believed addiction was a disease. However, the majority of parenting grandmothers in this study also reported they believed people who use alcohol and drugs should be held accountable for their actions. Some parenting grandmothers in this study believed that substance abusers started using because they wanted to use, and they believed they could stop abusing drugs if they wanted to stop. In essence, parenting grandmothers reported the belief that addiction was the outcome of substance abusers' choice to continue to use alcohol and drugs, and relapse constituted personal failure.

Parenting grandmothers (87%) reported they believed substance abusers could not drink or use drugs sociably. However, they were divided in their belief concerning substance abusers' ability to control their using or learning to control their using. The social realities of dealing with boundary ambiguity (Boss & Mulligan, 2003); experiences



of seeing their grandchildren suffer emotionally because of their parents' addiction (Cox, 2000); living in a state of fear and unpredictability because violence and death are drug culture norms (Dunlap et al., 2000); and managing problematic relationships with their substance abusing children (McGowen et al., 2006) may influence parenting grandmothers beliefs whether people who use drugs can or cannot control their use. In this study, 44% of the parenting grandmothers rated their relationship with their grandchildren's parent as poor to fair and 52% rated their relationship as good to very good. These ratings may have influenced parenting grandmothers agreeing (43%) and disagreeing (52%) that their substance abusing children could or could not control their drug usage. However, many parenting grandmothers hold their children responsible for their actions as a means to help them make meaning as to why their children continued to abuse drugs despite the consequences that include not being able to care for their children, prison sentences, and loss of custody. Holding their children accountable for their actions also functions as a coping mechanism to help some parenting grandmothers manage their emotions of shame, loss, embarrassment, grief, and anger (Cox 2005).

This study supported the adult education premise that often emotionally charged life-altering experiences can often provide the stimuli and motive to seek learning as a way to deal with unplanned life events (McClusky, 1971; Mezirow, 1991). Self-directed learning for many is the start of a journey to make meaning out of life-changing events and includes the infusion of taking responsibility for learning and interacting with others for support and guidance. This study revealed a high percentage of parenting grandmothers involved others as they learned to parent again, which included learning to build support systems and learning to navigate through social systems (Chenoweth,

2000). Being motivated to learn and seeking the support of others on the learning journey is at the heart of self-directed learning for many older adult learners (Roberson & Merriam, 2005; Valente, 2005).

The results of this study indicated that self-directed learning theory is applicable outside of the walls of academia, and it can be used in nontraditional learning situations and with nontraditional research participants. This study indicated that self-directed learning theory is a viable construct to frame the learning experiences of parenting grandmothers who may not have access to formal or nonformal learning opportunities. Examining self-directed learning as a character trait (Oddi, 1984) of some learners provided the lens to examine the personal learning characteristics of parenting grandmothers in this study. Thus, self-directed learning theory was used in this study as a tool to produce a comprehensive description of the factors of parenting grandmothers taking responsibility for their own learning, connecting with others for learning, managing their time and resources, and exhibiting an interest in reading and openness to new ideas.

The results of this study indicated that the majority of the parenting grandmothers (78% to 87%) exhibited a high degree of determination, persistence, and diligence in completing tasks they decided to undertake, carrying out their learning projects, and finishing creative projects. Parenting grandmothers in this study showed an ability to work independently. These results may have been caused by several factors. First, parenting grandmothers believe it is their sole responsibility to provide for their grandchildren because their grandchildren's parents are unwilling or unable to provide adequate care and many community institutions and governmental entities are

unresponsive to their needs as parents (Connealy & DeRoos, 2000). Therefore, they have learned to be independent and fortitudinous.

Second, parenting grandmothers bring previous parenting experience into their role of parenting their grandchildren, which may provide them with more parenting wisdom and the ability to be better at prioritizing what is and what is not important in relationship to caring for themselves and their grandchildren (Moore & Miller, 2007). Finally, parenting grandmothers reported that caring for their grandchildren encouraged them to take better care of themselves, which may partly account for their persistence in completing learning tasks and finishing creative projects (Bailey et al., 2009). All of the above factors may have contributed to parenting grandmothers in this study reporting being diligent in their ability to work independently.

The majority of parenting grandmothers (83%) reported they involved others in their learning projects, which indicated an ability to connect with others for learning. The need for building relationships and connecting with others to learn is a predominant theme in the literature on women as learners (Belenky et al., 1986; Brooks, 2000). Studies indicated that parenting grandmothers for the most part are isolated from their peers and receive little or inconsistent support from family and community (Hayslip & Shore, 2000; Sands & Goldberg-Glen, 2000). However, in this study parenting grandmothers reported they did receive the majority of their support from family (49%) and their church community (13%), but the questionnaire was not designed to measure the level or consistency of that support. These results may exist to some extent because of some of the general characteristics of the African American community and African American people.

African American community, for the most part, has traditionally been an insulated community and is often describe as a village where there is a unique camaraderie and sense of commitment and responsibility to help each other (Venkatesh, 1997). This sense of camaraderie and shared commitment to help each other is attributed to the African Americans sharing the common experience of coping in a society permeated with racism, sexism, and classism. Additionally, the African American church has traditionally played an important role in the survival of African American people and families (Simpson & Lawrence-Webb, 2009). Parenting grandmothers in this study connected to friends, neighbors, church members, and family for support in learning and parenting. However, although a large percentage of parenting grandmothers in this study were recruited from a local grandparent support group, only a small percent (9%) indicated that they received support from their group. This can be attributed to the wording on the demographic profile sheet, which did not specifically list the term *support group* as a support systems option.

Parenting grandmothers (74%) reported a high degree of ability to self-regulate in terms of gauging their performance on tasks independent of the opinions of others. The majority of parenting grandmothers in this study reported a high degree of having an interest in reading and openness to new ideas in terms of having been eager readers since childhood (74%) and regularly reading (70%), and they reported that they made an effort to learn the meaning of new words (90%). However, only 48% of parenting grandmothers in this study agreed that their work was more effective when they had the freedom to be self-regulate.

The low scores on the Ability to Self-Regulate subscale and the Reading Avidity subscales may exist in part to the design of the OCLI. The OCLI's General Factor subscale contains 15 of the scale's 24 items. However, the Ability to Self-Regulate Factor contains only four of the 24 items, and the Reading Avidity subscale contains five of the OCLI's 24 items. A revision of the OCLI where items are added to the latter two scales would improve its robustness in accessing the constructs of ability to self-regulate and reading avidity as factors relating to readiness for self-directed learning.

Additionally, the verbiage on the OCLI appears to be somewhat outdated and does not take into account the technical learning environment that is a part of today's society. An instrument needs to be developed that is more conducive to examining parenting grandmothers' attitudes towards learning that accounts for the sociocultural aspects of learning (Brockett, 2010) in context with the social realities of parenting and learning due to the destabilizing factor of substance abuse. However, the researcher believes that the OCLI was a suitable starting point to begin the process of investigating the readiness for self-directed learning among parenting grandmothers.

Self-directed learning theory has been criticized by some feminists who say it deemphasizes the influence of the factors of race, gender, and class in the learning process and places emphasis on the cognitive dimensions of learning, while excluding the influence of community as a learning culture (Burnstow, 1994; Keddie, 1980). However, self-directed learning theory as a character trait was used by the researcher in this study as a feasible framework to delve into the attitudes towards learning and readiness for self-directed learning of parenting grandmothers. The results of this study indicated that self-

directed theory effectively produced a comprehensive description of the learning characteristics of parenting grandmothers in this study.

Social constructivism theory focuses on the society and its influence on learning, meaning making, and knowledge construction (Candy, 1991; Vygotsky, 1978) This study placed focus on parenting grandmothers and their parenting efficacy and attitudes toward substance abuse within the sociocultural context of their social realities. It is important to note the study's original focus was not one of race, with African American grandparents as the focal point. However, the study placed emphasis on African American grandmothers to gain insight into their parenting and learning because the literature on African American parenting grandmothers presented a somewhat a dismal picture of their social realities. Kelch-Oliver (2008) reported that African American parenting grandmothers have higher levels of stress and stress-related health concerns than noncaretaking grandparents. Sands and Goldberg-Glen (2000) reported that many African American parenting grandmothers have incomes below the poverty level and are single parents (Fuller-Thomas & Minkler, 2001). Simpson and Lawrence-Webb (2009) reported African American parenting grandmothers receive very little support from family and governmental resources (Sands & Goldberg-Glen, 2000). Dunlap et al. (2000) reported that African American parenting grandmothers are *dead tired and bone weary* from trying to help their substance abusing children and save their grandchildren. Thus, social constructivism theory presented an adult education research opportunity to critically examine African American parenting grandmothers' viewpoints on parenting and learning and addiction.

The results of this study revealed that, through the lens of social constructivism theory (Vygotsky, 1978), parenting grandmothers' parental self-efficacy beliefs and substance abuse attitudes established the parameters of their meaning making and construction of what they believed as true and real for them. For example, this study spoke to the manner in which grandmothers vacillated between what society says in relation to addiction being a disease and what their experiences with addiction meant to them. Parenting grandmothers in this study constructed their meaning of addiction based on their social realities and lived experiences. Thus, this study gave focus to the role that social realities (Dunlap et al., 2000) plays in constructing the meaning making schematics of parenting grandmothers' attitudes toward addiction, while at the same time examined the meaning making associated with lived experiences.

Social constructivism from a feminist perspective (Collins, 1990) provided the lens to give voice and value to the experiences and challenges participants in this study faced based on their gender, race, class, and other societal constructs of marginalization. The constructs of race, class, and gender in this study helped to shape parenting grandmothers' attitudes and beliefs in regard to the society at large being unresponsive to their needs and ethnocentric in the understanding of their experiences (Connealy & DeRoos, 2000). Social constructivism theory in this study provided support of the need to place the experiences of African American parenting grandmothers within a sociocultural context to gain a better understanding of the positive attributes that parenting grandmothers bring into the parenting relationship and to add value to the wealth of knowledge they possess based on their lived experiences (Gibson, 2005). It is hoped that this study aided in the understanding of the experiences of parenting

grandmothers from a sociocultural lens and increased awareness that, even within the construct of social constructivism theory, adult learning theory is infused with assumptions that devalue the experiences of women and women of color. Hayes and Flannery (2000) assert that researchers conducting research on women and their learning must begin the process to “reconceptualize dominant adult learning theories” (p. 226). This reconceptualization process can begin as adult educators and adult education researchers give space to the examination of the influences of race, gender, class as they investigate and facilitate adult learning and serves as a reminder to value the life experiences of all students. Adult education researchers should exercise caution in using theoretical frameworks and dominant learning theories that may be inherently biased if used outside of a cultural context (Hayes & Flannery, 2000).

#### Limitations of the Study

The sample size was small and did not represent the economic diversity of parenting grandmothers; thus, the sample may not have reflected the population of grandmothers who parent their grandchildren. Further research with a larger and more diverse sample needs to be conducted before the findings in this study can be verified. Another limitation of this study was that purposive sampling was used instead of random sampling. Therefore, it cannot be assumed that the sample fully represents the parenting grandmother population or that it is generalizable to the population of parenting grandmother.

Recruitment of grandmothers who parent because of addiction presented challenges due to the stigma associated with substance abuse and addiction. Future research should find ways to allay any feelings of shame and embarrassment and



suspicion (McCallion et al., 2000). The researcher distributed over 600 flyers throughout the local public school system and received minimal response. Permission from the administration was granted, but school principals had the final say regarding whether they were distributed to the student body to take home. Another limitation of the study was, due to the diversity in literacy levels of the sample, some of the participants may not have fully read or comprehended the questions on the questionnaire. The researcher made provisions to address this concern and advised participants at the time of screening that if they had problems due to vision or others concerns with reading the questionnaire someone was available to help. None of the participants chose to take advantage of this option.

Finally, one of the limitations of the study was the questionnaire used to measure the constructs of the study. The design of the research model required combining three questionnaires, which resulted in the questionnaire containing 112 response items. This may have been arduous for the participants. Additionally, some of the concepts used to measure readiness for self-directed learning appeared to be culturally biased and may have been unrelated to the experiences of some of participants in this study. Verbiage, such as *reading professional journals, reading serious literature such as history, the classics, or biographies for pleasure, and when in school* should have been revised in order to be more sensitive to the culture in this study. This was an oversight on the part of the researcher.

#### Recommendations for Future Research

Most importantly, more quantitative data needs to be generated on the grandparenting phenomenon. As previously identified, much of the existing data on

parenting grandparents is qualitative. One goal of this research project was to illuminate the need for further research that will focus on the learning needs of grandmothers parenting grandchildren. Future adult education research should focus on the learning needs and learning systems of grandparents through a variety of theoretical frames to produce empirical data that could lead to theoretical developments and learning models designed for parenting grandparents. Additional research needs to be generated on the barriers to learning and barriers to participation in learning for the grandparenting population. Studies on the characteristics of those who participate in grandparent support groups need to be conducted, as well as the benefits that support groups provide. The propensity of parenting grandmothers for self-directed learning needs to be further investigated with an examination of the relationships of age of grandchildren, sex of grandchildren, length of parenting, and socioeconomic status to determine if readiness for learning is influenced by these factors.

### Conclusion

This study demonstrated that adult education has space to give voice to the experiences of parenting grandmothers' learning through its many theoretical perspectives and learning models. A challenge to adult education is to take this opportunity to research grandparenting and learning and add to the limited body of knowledge that exists within adult education literature on the grandparenting phenomenon, while developing innovative adult education programs, grandparent training models, and learning opportunities for parenting grandmothers.

APPENDIX A  
OCLI LICENSE AGREEMENT

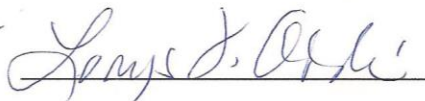
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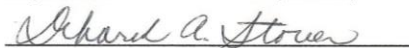
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6. A copy of the OCLI or its scoring key will not be published or included with study report.

AGREED this 5 day of May, 2012



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## APPENDIX B

## PARENTAL SELF-EFFICACY SCALE (PSES)

*EFFICACY TO INFLUENCE SCHOOL-RELATED PERFORMANCE*

How much can you do to make your children see school as valuable?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to help children to do their homework?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to help your children to work hard at their school work?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to get your children to stay out of trouble in school?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to discourage your children from skipping school?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to help your children get good grades in school?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to teach your children to enjoy school?

1      2      3      4      5      6      7      8      9

Nothing      Very Little      Some Influence      Quite a Bit      A Great Deal

How much can you do to show your children that working hard at school influences later successes?

1      2      3      4      5      6      7      8      9

Nothing      Very Little      Some Influence      Quite a Bit      A Great Deal

*EFFICACY TO INFLUENCE LEISURE-TIME ACTIVITIES*

How much can you do to get your children into activities outside of school (for example, music, art,dance, lessons, sports activities)?

1      2      3      4      5      6      7      8      9

Nothing      Very Little      Some Influence      Quite a Bit      A Great Deal

How much can you do to help your children keep physically fit?

1      2      3      4      5      6      7      8      9

Nothing      Very Little      Some Influence      Quite a Bit      A Great Deal

How much can you involve yourself with your children in their leisure activities?

1      2      3      4      5      6      7      8      9

Nothing      Very Little      Some Influence      Quite a Bit      A Great Deal

*EFFICACY IN SETTING LIMITS, MONITORING ACTIVITIES AND INFLUENCING PEER AFFILIATIONS*

How much can you do to keep track of what your children are doing when they are outside thehome?

1      2      3      4      5      6      7      8      9

Nothing      Very Little      Some Influence      Quite a Bit      A Great Deal

How much can you do to prevent your children from getting in with the wrong crowd of friends?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to get your children to associate with friends who are good for them?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to get your children to do things you want at home?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to manage when your children go out and they have to be in?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to instill your values in your children?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to spend time with your children and their friends?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to work with other parents in the neighborhood at keeping it safe for your children?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to keep your children from going to dangerous areas and playgrounds?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

*EFFICACY TO EXERCISE CONTROL OVER HIGH-RISK BEHAVIORS*

How much can you do to prevent your children from doing things you do not want them to do outside the home?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to prevent your children from becoming involved in drugs or alcohol?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to prevent your children from becoming involved in premature sexual activity?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much could you do if you found your children were using drugs or alcohol?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much could you do to stop your children if you found that they were sexually active?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

*EFFICACY TO INFLUENCE THE SCHOOL SYSTEM*

How much can you do to influence what teachers expect your children to be able to do in schoolwork?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to influence what is taught in your children's school?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to make your children's school a better place for children to learn?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to influence the social activities in your children's school?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to get parents involved in the activities of your children's school?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to influence the books that are used in your children's school?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to make your children's school a friendly and caring place?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal



How much can you do to make parents feel welcome in your children's school?

1 2 3 4 5 6 7 8 9

Nothing Very Little Some Influence Quite a Bit A Great Deal

How much can you do to influence what is taught to your children?

1 2 3 4 5 6 7 8 9

Nothing Very Little Some Influence Quite a Bit A Great Deal

How much can you do to influence what your children do after school?

*EFFICACY TO ENLIST COMMUNITY RESOURCES FOR SCHOOL DEVELOPMENT*

How much can you do to get neighborhood groups involved in working with schools?

1 2 3 4 5 6 7 8 9

Nothing Very Little Some Influence Quite a Bit A Great Deal

How much can you do to get churches involved in working with schools?

1 2 3 4 5 6 7 8 9

Nothing Very Little Some Influence Quite a Bit A Great Deal

How much can you do to get businesses involved in working with schools?

1 2 3 4 5 6 7 8 9

Nothing Very Little Some Influence Quite a Bit A Great Deal

How much can you do to get boy scouts/girl scouts involved in working with schools?

1 2 3 4 5 6 7 8 9

Nothing Very Little Some Influence Quite a Bit A Great Deal

How much can you do to get the YMCA/YWCA involved in working with schools?

1 2 3 4 5 6 7 8 9

Nothing Very Little Some Influence Quite a Bit A Great Deal

How much can you do to get a Private Industry Council involved in working with schools?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to get advocacy groups such as the Urban League, NAACP, or Anti-Defamation League involved in working with schools?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to get local colleges and universities involved in working with schools?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to get local health clinics and hospitals involved in working with schools?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to get public funds for specific programs in the schools?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

#### *EFFICACY TO INFLUENCE SCHOOL RESOURCES*

How much can you do to help your children's school get the educational materials and equipment it needs?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How much can you do to influence the size of the classes in your children's school?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

*EFFICACY TO CONTROL DISTRESSING RUMINATION*

How well can you stop yourself from worrying about things?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How well can you take your mind off upsetting experiences?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How well can you keep yourself from being upset by everyday problems?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How well can you keep your mind on the things you are doing after you have had an upsetting experience?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

*RESILIENCY OF SELF-EFFICACY*

How well can you keep tough problems from getting you down?

1	2	3	4	5	6	7	8	9
Nothing		Very Little		Some Influence		Quite a Bit		A Great Deal

How well can you bounce back after you tried your best and failed?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Nothing          Very Little          Some Influence          Quite a Bit          A Great Deal  
 How well can you get yourself to keep trying when things are going really badly?

1    2    3    4    5    6    7    8    9

Nothing          Very Little          Some Influence          Quite a Bit          A Great Deal

How well can you keep up your spirits when you suffer hardships?

1    2    3    4    5    6    7    8    9

Nothing          Very Little          Some Influence          Quite a Bit          A Great Deal

How well can you get rid of self-doubts after you have had tough setbacks?

1    2    3    4    5    6    7    8    9

Nothing          Very Little          Some Influence          Quite a Bit          A Great Deal

How well can you keep from being easily rattled?

1    2    3    4    5    6    7    8    9

Nothing          Very Little          Some Influence          Quite a Bit          A Great Deal

How well can you overcome discouragement when nothing you try seems to work?

1    2    3    4    5    6    7    8    9

Nothing          Very Little          Some Influence          Quite a Bit          A Great Deal

## APPENDIX C

## ADDICTION BELIEF INVENTORY (ABI)

• An addicted person can control their use.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Alcoholics or addicts are not responsible for things they did before they learned about their addictions.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Children of alcoholics/addicts who drink or use drugs will become alcoholics/addicts.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Alcoholism/drug abuse is a disease.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Relapse is a personal failure.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Only alcoholic/addicts themselves can decide when to stop drinking/using drugs.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Alcoholics/addicts use because they cannot cope with life.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Participation in treatment programs can allow alcoholic/addicts to drink/use socially

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

A recovering alcoholic/addict should rely on other experts for help and guidance.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Some people are alcoholics/addicts from birth.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Alcoholics/addicts are personally responsible for their addictions.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

An alcoholic/addict must seek professional help for recovery.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

People use alcohol/drugs to feel better about themselves.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

A drinking or drug problem can only get worse.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Alcoholics/addicts start drinking/using because they want to.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

It is not an alcoholic/addict's fault that he/she drinks/uses.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Alcoholics/addicts use substances to escape from bad family situations.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Recovery is a continuous process that never ends.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Alcoholism/drug addiction is inherited.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

An addicted person uses alcohol/drugs to avoid personal problems.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

It is an alcoholic/addict's fault if he/she relapses.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

To be healed, addicted persons have to stop using all substances.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

An alcoholic/addict should not be held accountable for things they do while drunk/high.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Ultimately, the alcoholic/addict is responsible to fix him/herself.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Addicted persons are capable of drinking/using drugs in socially appropriate ways.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Abusing alcohol/drugs is a sign of personal weakness.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Alcoholics/addicts cannot solve their drinking/drug problem on their own.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree



Alcoholics/addicts can learn to control their drinking/using.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

People use substances to lessen their depression.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Alcoholic/addicts are responsible for their recovery.

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

## APPENDIX D

## DEMOGRAPHIC DATA PROFILE

Demographic Profile Parenting Grandmother Form # _____	
<b>Instructions</b> Please Write An "X" By Your Answer or Write In Your Answer	
Name: <b>Parenting Grandmother</b> _____ City _____ Zip Code _____ Telephone _____	
1. What is your age? _____	2. What is your race? _____
3. Are You? _____ Married _____ Separated _____ Divorced _____ Never Married _____ Widowed _____ Common Law	4. How Is Your Health? _____ Excellent _____ Good _____ Fair _____ Poor
5. What is your employment status? retired _____ Part-time _____ Full-time _____ Unemployed _____	
6. What is your yearly household income? _____ Under \$10,000 _____ \$10,000 - \$19,999 _____ \$20,000 - \$29,999 _____ \$30,000 - \$39,999 _____ \$40,000 - \$49,999 _____ Over \$50,000	
7. What is your religion? _____ Baptist _____ Catholic _____ Protestant _____ Jewish _____ Other _____ None	8. How much education do you have? _____ 8 <sup>th</sup> Grade or Less _____ Some High School _____ High School Diploma _____ Vocation Training _____ Some College _____ College Degree _____ Graduate Degree
9. How long have you been raising grandchildren? _____ More than 6 months but less than 2 years. _____ More than 2 years, but less than 5 years. _____ More than 5 years	10. What is the age(s) of the grandchild(ren) you are raising? _____ _____ _____

11. What is the sex of the grandchildren you are raising?	
# of boys _____	# of girls _____
12. Are you raising your daughter's child(ren)? _____ Yes _____ No	
13. Are you raising your son's child(ren)? _____ Yes _____ No	
14. How is your relationship with your son or daughter?	
_____ Very good most of the time.	_____ Good most of the time.
_____ Fair most of the time.	_____ Poor most of the time.
15. Who helps you with raising your grandchild(ren)? (Place an "X" for all that apply)	
_____ Friends	_____ Neighbors _____ Church _____ Family _____ Other Support
16. I parent my grandchild(ren) because their mother/father is:	
_____ deceased	_____ in jail/prison _____ on drugs _____ sick
_____ other (please explain) _____	
_____	
_____	

## APPENDIX E

## PERMISSION TO USE THE PSES



## MAIL

Permission to use the Parental Self-Efficacy Scale	Inbox
Deborah Stover <deborah.stover@eagles.usm.edu>	4/15/12

Dear Dr. Bandura: I am a graduate student at the University of Southern Missi...

Albert Bandura <bandura@psych.stanford.edu> to me	5/10/12
--	---------

Permission granted to use the Parental Self-Efficacy Scale. There is no fee.

Albert Bandura

## APPENDIX F

## f PERMISSION TO USE THE ADDICTION BELIEF INVENTORY (ABI)



dluke@gwbmail.wustl.edu

**MAIL**

Permission to use ABI

usm x

Deborah Stover <deborah.stover@eagles.usm.edu>

4/20/12

Dear Dr. Luke: I am a graduate student at the University of Southern Missi...

Douglas Luke dluke@gwbmail.wustl.edu  
to me

4/24/12

Deborah,

You are of course welcome to use the ABI in your dissertation research (which sounds quite interesting), and you don't really need my permission. We would appreciate your citing our paper in your own work, if you end up using the ABI.

The ABI is a very simple scale, so we were able to present the whole instrument in our published paper, which I've attached. Using the items listed in the paper, you should be able to create your own version of the instrument (using the same 5-point response scale: 1 – strongly disagree; 5 – strongly agree).

So, with the attached paper you should have everything you need to use the ABI in your own work.

Good luck with your dissertation!

--Doug Luke--

## APPENDIX G

THE UNIVERSITY OF SOUTHERN MISSISSIPPI  
INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

THE UNIVERSITY OF  
SOUTHERN MISSISSIPPI

INSTITUTIONAL REVIEW BOARD  
118 College Drive #5147 | Hattiesburg, MS 39406-0001  
Phone: 601.266.6820 | Fax: 601.266.4377 | www.usm.edu/irb

**NOTICE OF COMMITTEE ACTION**

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months. Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: **12060605**  
PROJECT TITLE: **Learning to Parent Again: An Investigation of the Role of Adult Education in the Phenomenon of Grandparents Raising Grandchildren**  
PROJECT TYPE: **Dissertation**  
RESEARCHER/S: **Deborah Stover**  
COLLEGE/DIVISION: **College of Education & Psychology**  
DEPARTMENT: **Educational Studies & Research**  
FUNDING AGENCY: **N/A**  
IRB COMMITTEE ACTION: **Expedited Review Approval**  
PERIOD OF PROJECT APPROVAL: **06/07/2012 to 06/06/2013**

**Lawrence A. Hosman, Ph.D.**  
**Institutional Review Board Chair**

APPENDIX H  
HATTIESBURG PUBLIC SCHOOL DISTRICT  
PERMISSION LETTER



Hattiesburg Public School District  
Post Office Box 1569  
301 Mamie Street  
Hattiesburg, MS 39403-1569

Mr. James Bacchus, Superintendent

September 4, 2012

Ms. Deborah Stover  
841 North Main Street  
Hattiesburg, MS 39401  
[Deborah.stover@eagles.usm.edu](mailto:Deborah.stover@eagles.usm.edu)

Dear Ms. Stover:

Your request for permission to distribute "Grandparent Survey -Do Your Grandchildren Live With You?" flyers to all students in the Hattiesburg Public School District is approved as submitted and may be coordinated directly with the principals on the attached list.

Participation from each school will be at the individual principals' discretion and is subject to their prioritization of learning activities.

A list of the schools with addresses & telephone numbers is attached.

Your written request states that this research project is for your dissertation through the College of Education & Psychology and the Department of Educational Studies & Research. The research project has been approved by the IRB of The University of Southern Mississippi. Project title: **Learning to Parent Again: An Investigation of the Role of Adult Education in the Phenomenon of Grandparents Raising Grandchildren.**

We appreciate the opportunity to work with you and trust that this will be a mutually beneficial endeavor.

Sincerely,

Alan Oubre, Ph.D.  
Executive Director of Student Support

cc: Principals (K-12)  
Dr. Edna Thomas, Assistant Supt. Academics/C&I  
Dr. Teresa Poole, Exe. Director School Operations

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