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# Intergenerational affectionate communication: Conceptions of young adults toward their grandparent

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## Theoretical background

Grandparent (GP)-Grandchild (GC) relationship is usually meaningful for both generations and of strong influence on each other lives. GP positively influence their GC's development and well-being (Mansson, 2015).

Previous research underlined the influence of the frequency of contact, geographic distance, grandparent's age, grandparent's health as well as many other variables on GP-GC closeness.

Notwithstanding, few studies have been conducted on the influence of communication, and specifically affectionate communication on GP-GC closeness.

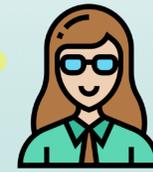
While creating the *Grandchildren Received Affection Scale*, Mansson (2013) found that GC received four types of affectionate communication from their GP: love and esteem, caring, memories and humor, and celebratory affection. Those four types of affectionate communication constitute the four dimensions of this scale.

Mansson, Floyd, & Soliz (2017) found that received affection from GP is associated positively with GCs' perceptions of their GP and their GP-GC relationship as well as with GC's perceived shared family identity with their grandparent but not with celebratory affection and shared family identity

## Research questions

1. Are there different types of grandparents according to grandchildren received affection?

2. Do the samples come from the same population? What are the differences between them?



## Methods

A sample of young adults students between 18 and 25 years old (N= 285) completed the French Translation of the Grandchildren Received Affection Scale (GRAS) (Mansson, 2013) as well as demographics and four complementary scales: Ideal Grandparent Scale (Mansson, 2015), Parental Encouragement Scale (Soliz & Harwood, 2006), Shared Family Identity Scale (Soliz & Harwood, 2006), and the CES-D (Radloff, 1977) while thinking about the grandparent with the closest day of birth. The GRAS is composed of 17 items split in 4 dimensions (Love and esteem, caring, memories and humor, celebratory affection).

## Results

**Objective 1-** Our first objective was to determine different clusters of grandparents according to the scores attributed to them by their grandchild on the GRAS. Thus, we identified 3 types through cluster analysis using *Mplus*. Those clusters are labelled as *Non-affective GP* (n= 15), *Affective GP* (n= 52) and *Very-affective GP* (n=218) (See Figure 1).

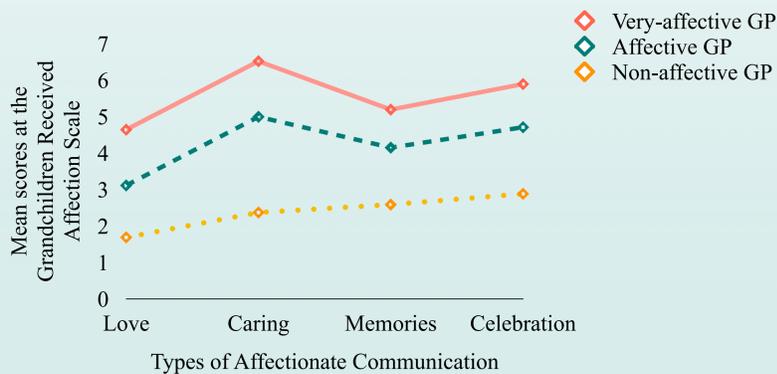


Figure 1. Types of grandparents according to their grandchild's received affectionate communication

**Objective 2-** Our second objective was to determine if our samples came from the same population. Thus, we analyzed them using a one-way non-parametric ANOVA (Kruskal-Wallis Test). This test underlined significant differences between groups at the different scales used in this research (see Table 1).

	Cluster 1 Very-affective GP (n=218)		Cluster 2 Affective GP (n=52)		Cluster 3 Non-affective GP (n=15)		Kruskal-Wallis	
	M	SD	M	SD	M	SD	H	p
Parental Encouragement Scale	5.50	1.27	4.90	1.22	3.75	1.35	25.66	.000***
Familial Identity Scale	6.48	0.68	5.45	1.03	3.84	1.28	58.53	.000***
Ideal Grandparent Scale	6.08	0.81	4.71	1.19	2.74	1.18	101.86	.000***
CES-D	2.62	0.85	2.38	0.88	2.49	0.87	10.96	.004**

Note. N = 285. \*\* p < .01; \*\*\* p < .001

Table 1. Descriptive analysis of grandparents in the three identified clusters

Differences between clusters were due to different levels of parental encouragement, family identity, perception of the grandparent as ideal and to the self-reported level of depression as measured by the CES-D. Those features are illustrated in the Figure 2.



Figure 2. Mean scores at associated scales to three level of affective grandparents

## Discussion

- ★ In our study, affectionate communication influences intergenerational emotional closeness, thus, further studies should investigate this feature deeper.
- ★ Here, affectionate communication is strongly related to parental encouragement, family identity and to the perception of the grandparent as ideal. The relationship with the level of depression seems less relevant.
- ★ 76.49% of GP are perceived as *Very-affective GP* which goes along with the idea that the GP-GC relationship tends to be perceived as a positive relationship. This lack of balance between clusters questions the perception of the role of GP.
- ★ Do high scores attributed to the majority of GP mean that GP-GC relationships are fully satisfactory or do GC avoid to refer to their relationships with more distant GP?

### Limits

- ★ The instruction is to choose the GP with the closest birth date but GC tend to choose their closest GP instead. Why do GC get around the instruction? Do they describe their ideal GP instead of the actual GP?
- ★ This study only took into account GC point of view, there is a need of interviewing GP-GC dyads to get a better understanding of their relationships

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