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Responses of Young Adult Grandchildren to Grandparents' Painful Self-Disclosures

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Abstract

This study examined grandchildren's relational and communicative responses to grandparents' painful self-disclosures (PSDs). From the perspective of young adult grandchildren ($N = 297$), discomfort with PSDs is more significant in differentiating positive and negative aspects of the grandparent-grandchild relationship than simply the occurrence of such disclosures. Furthermore, results reveal that the family communication environment and communicative responsiveness of the grandchild are important factors in predicting discomfort with PSDs as well as grandchildren's communication with grandparents.

Keywords: intergenerational communication, communication accommodation theory, family communication, aging, grandparent-grandchild

There are increasing numbers of grandparents in many Western societies. In Great Britain, for instance, there are currently an estimated 13 to 14 million grandparents (Frean, 2005; The Grandparents' Association, 2008). According to the chief of the Fertility and Family Statistics branch of the U.S. Census Bureau, there are now more than 60 million grandparents in the United States (O'Connell, personal communication, January 13, 2009; U.S. Census Bureau, n.d.). Over the past century, the proportion of individuals born with a complete set of living grandparents has increased from about 25% to almost 66% (Uhlenberg & Kirby,

1998), and current generations of grandchildren are more likely to have multiple grandparents than they would have been at the turn of the 20th century (Uhlenberg, 1980).

Summarizing the impact of a century of demographic change, Silverstein and Long (1998) remark that there is “an unprecedented number of grandparents who live long enough to see their grandchildren reach adolescence, young adulthood, and middle age, thereby allowing the possibility of long-term relationships between them” (p. 912). As such, the grandparent-grandchild (GP-GC) relationship is the primary source of intergenerational contact for most people (Ng, Liu, Weatherall, & Loong, 1997), offering an important context for learning “intergenerational competencies” (Harwood, 2000b, p. 57) and shaping attitudes toward older adults (Soliz & Harwood, 2006). Although relatively few grandchildren report feeling distant from grandparents because of a generation gap (Harwood & Lin, 2000), scholars report that miscommunication and dissatisfying interactions can and do occur, particularly when one generation feels that the other is not communicatively attuned to their needs (Williams & Giles, 1996). Both within (Barker, 2007) and outside the family (Bonnesen & Hummert, 2002), one form of potentially problematic intergenerational communication is painful self-disclosure (PSD).

According to Coupland, Coupland, and Giles (1991), PSD centers on older adults’ revelation of intimate and painful information to younger interactants (e.g., disclosures pertaining to matters such as health, bereavement, and loneliness). Although the painfulness of such disclosures may stem from the subjective experience of revealing certain things, they may also be considered “painful” because recipients often find it difficult to receive “negatively valenced, intimate self-disclosures” (Coupland, Henwood, Coupland, & Giles, 1990, p. 127). Few studies have so far examined PSDs in the context of GP-GC relationship (e.g., Harwood, Raman, & Hewstone, 2006). Findings from these studies show that although grandchildren may be sympathetic to such disclosures, they might also have difficulty responding to these kinds of revelations. Thus, in the present study, we investigate factors that may influence young adults’ responses to PSDs by their grandparents.

We first address the importance of GP-GC relationships before discussing communicative, relational, and cognitive factors that may differentiate positive and negative responses to or perceptions of grandparents’ PSDs.

Significance of the GP-GC Relationship

Although understudied compared with other family relationships, grandparents often play an influential role in the family, and the importance of the GP-GC relationship is becoming increasingly evident (Crosnoe & Elder, 2002; Soliz, Lin, Anderson & Harwood, 2006). For grandchildren, grandparents are a source from whom values may be learned (Brussoni & Boon, 1998), and they often mentor grandchildren through transitions they have already experienced, such as entering higher education. Grandparents may also help their grandchildren feel connected to their extended family and can offer a history of the kin network others are unable to provide (Lin, Harwood, & Bonnesen, 2002). Numerous studies suggest that grandparents are particularly valuable to grandchildren following the separation of their parents. For instance, Ruiz and Silverstein (2007) report that close rela-

tionships with grandparents help protect grandchildren in single-parent homes or step-families from symptoms of depression, and Tomlin (1998) notes that grandparents enhance the emotional development and self-esteem of such grandchildren. Furthermore, Soliz (2008) discovered that grandparents supported their grandchildren in important ways after the turbulence of divorce, for example, by empathizing, providing a sense of stability, or helping them understand why the divorce occurred. In the event of other disruptions to family stability such as parental incarceration, ill health, or substance abuse, substantial numbers of grandparents assume parental roles for grandchildren. In fact, Lumpkin (2008) and the U.S. Census Bureau (2003) estimate that there about 5.8 million co-resident grandparents in the United States and suggest that up to 2.5 million grandparents have caregiving responsibility for grandchildren younger than 18 years.

It is also clear that the GP-GC relationship is valued by the older generation. Harwood (2000b) observes that “as peer relationships are lost due to death and the ability or motivation to seek new relationships may decline, the grandchild may serve as a focus for . . . social interaction” (p. 57). Grandparents are likely to value this relationship even more than their grandchildren do (Harwood, 2001) and suffer increased depression if they lose contact with them (Drew & Silverstein, 2007). Many grandparents take great pride in their grandchildren (Harwood & Lin, 2000) and gain satisfaction from having the opportunity to leave a legacy by guiding future generations of their family (Thiele & Whelan, 2008). Forty years ago, Neugarten and Weinstein (1964) made a statement that remains reflective of current scholarship when they reported that most grandparents derive “comfort, satisfaction, and pleasure” from their connection to grandchildren (p. 200).

Researchers have explored various factors that contribute to positive GP-GC relationships, such as lineage (Monserud, 2008; Pecchioni & Croghan, 2002), parental encouragement of the relationship (Whitbeck, Hoyt, & Huck, 1993), family identity (Soliz, 2007), and geographic distance (Harwood & Lin, 2000). However, as Harwood (2000a) demonstrates, communication within the GP-GC relationships is one of the most potent predictors of relational quality. For instance, Webb (1985) learned that grandchildren discussed quite intimate topics with grandparents, and Downs (1988) found that ratings of solidarity by both parties were positively predicted by the depth and honesty of disclosure. In fact, Harwood (2000a) argues that the strongest predictor of GP-GC relational solidarity is likely the degree to which grandparents and grandchildren align themselves communicatively to the conversational needs and expectations of each other. This process of adjustment is a key element of communication accommodation theory (CAT).

Communication Accommodation Theory and PSDs

To communicatively accommodate to a person is to attune to them, to adjust one’s communication so as to manage social distance or inclusion (Coupland et al., 1991; Shepard, Giles, & LePoire, 2001). Accommodation (or nonaccommodation) can be achieved through a variety of sociolinguistic strategies such as shifting dialects or accents, discussing specific topics of interest, and adapting one’s speech rate to aid understanding. Problems in a relationship may arise when people do not accommodate appropriately to one another, and this is especially evident in intergenerational interactions. Younger adults, for example, may “overshoot” the accommodations necessary for effective, attuned communication

with an older person if they modify their communication based on a stereotype of older adults rather than adapting to the person's individual needs and preferences. These stereotypes typically reflect older adults as cognitively and communicatively deficient. Thus, examples of such *overaccommodation* include behaviors such as speaking too loudly to accommodate to expected deafness or using simplistic vocabulary as an adaptation to a perceived cognitive deficit. Given that these behaviors are in excess of what is needed or desired by the older adult, overaccommodation on the part of a younger adult is linked to negative outcomes as outlined in the communication predicament model of aging (Ryan, Giles, Bartolucci, & Henwood, 1986). Older adults, on the other hand, are more likely to *underaccommodate* to the conversational needs of a younger conversational partner. Williams and Giles (1996) describe underaccommodation as reflecting "instances when the younger person perceived that the older person was not 'with' them, either not listening, interrupting, inattentive, or unable to align with the younger person's communicative needs" (p. 234), whereas Barker (2007) couches underaccommodation in the language of "insensitivity" to another's conversational preferences.

Accommodation is an impressive predictor of the quality of GP-GC relationships. Harwood (2000a) found that grandparents' communication satisfaction, liking of their grandchildren, and closeness to them was positively predicted by mutual accommodative involvement (i.e., reciprocal positive accommodation) and negatively predicted by reluctant accommodation (i.e., feeling constrained in conversation or unable to act naturally). For grandchildren, satisfaction, liking, and closeness were negatively predicted by ratings of grandparental *overaccommodation* and positively predicted by mutual accommodation. It is surprising that grandparental underaccommodation did not emerge as a significant predictor of relational quality for grandchildren, particularly given Williams and Giles's (1996) discovery that when younger adults were asked what would improve their communication experiences with older adults, their primary suggestion was for older adults to be less negative. Harwood et al.'s (2006) finding that grandparents' PSDs were negatively related to perceived closeness by grandchildren suggests that these types of disclosures are an important communicative behavior in the context of GP-GC relationships that merits further attention.

PSDs generally focus on "negative intimate topics" (Bonnesen & Hummert, 2002, p. 276) such as bereavement, health problems, isolation, and financial difficulties (Coupland et al., 1991). Although PSDs are present in all relationships, they seem to be especially prevalent in nonfamilial intergenerational encounters, being observed in about 80% of such conversations (Coupland et al., 1991). However, Barker's (2007) investigation of PSDs in GP-GC relationships suggests that it is not a dominant feature of interaction for most GP-GC dyads, although when it *does* occur, it may not be conducive to enhancing the quality of the relationship (Harwood et al., 2006).

Both Barker (2007) and Bonnesen and Hummert (2002) characterize PSD primarily in terms of the presumed painfulness of the disclosure's content. However, earlier conceptualizations placed greater emphasis on the painfulness of such disclosures to recipients, noting that these kinds of revelations produce "emotional loading" for listeners (Coupland et al., 1990, p. 127). Indeed, PSD is considered an exemplar of underaccommodative communication precisely because of the assumption that when older adults reveal this kind of

information, they are being inattentive to the conversational preferences of younger persons (Williams & Giles, 1996). Faced with such disclosures, one challenge facing younger adults is uncertainty regarding how to react. Commenting on the conversational predicament in which young adults exposed to elderly PSDs may find themselves, Coupland et al. (1990) remark that balancing their own conversational needs with those of the older person may result “in no desirable or even tolerable response suggesting itself” (p. 127) as almost any “next move” may incur an unwelcome consequence. For example, if the younger adult changes the topic, they may successfully deter further PSDs but risk being perceived as brusque or indifferent (Williams & Nussbaum, 2001). This might be an especially undesirable option when interacting with a grandparent as it may be damaging to relational solidarity. Conversely, if young adults appear interested in the disclosure, they may be perceived more favorably by the older adult but open the door to more disclosures that they would prefer not to hear. Even offering sympathy may be risky, as this behavior might seem appropriate to the younger adult but could be construed as patronizing by their older conversational partner.

Given the conversational bind that PSDs may generate, younger adults tend to evaluate them quite negatively. Bonnesen and Hummert (2002) learned that younger adults viewed such disclosures as inappropriate, and Coupland et al. (1990) found that exposure to this type of conversation resulted in many younger persons feeling powerless during the conversation. It is important to qualify these findings: PSDs are not *always* evaluated in this manner and, hence, are not inherently negative. For instance, some younger adults in Coupland et al.’s (1991) study considered it to be affectively positive and appreciated the intimacy inherent in revealing such private information. Within the family, younger adults report quite low levels of discomfort with grandparents’ PSDs, particularly when they view their grandparent as usually communicating with them in this manner as a way to express identity or to demonstrate positive emotions (Barker, 2007). Furthermore, despite the difficulties PSDs may sometimes present for younger interactants, Coupland et al. (1991) propose that older adults may benefit from engaging in PSDs. For instance, older adults may feel that such disclosures will constitute “newsworthy” information that is worth listeners’ time, find the act of revealing painful information therapeutic or cathartic, or perhaps suspect that by engaging in such disclosures, they will be better able to live up to lowered expectations.

In one of the few studies that have focused on PSD in the context of GP-GC relationships, Barker (2007) suggests that these disclosures may not be interpreted negatively by grandchildren, arguing that younger adults become “desensitized” to such behavior. She supports this proposal by noting that grandchildren who were frequent recipients of PSDs from grandparents were *less* distressed by it than were grandchildren who more seldom experienced PSDs from grandparents. This extends Harwood’s (2000a) suggestion that the intimate nature of the GP-GC relationship and the genuine concern grandchildren feel for grandparents render the expression of this kind of information appropriate and nonproblematic. Although Harwood et al. (2006) reported a modest negative correlation between grandparents’ PSDs and grandchildren’s reports of closeness, we suspect that some grandchildren may be more uncomfortable with PSDs than others and would therefore be more likely to experience them as relationally problematic. In short, we believe it is not simply

the presence or frequency of PSDs that creates less satisfying relationships. Rather, it is the degree to which grandchildren are uncomfortable with these behaviors.

Hypothesis 1: The relationship between grandparents' PSDs and grandchildren's satisfaction with this relationship is moderated by the level of grandchildren's discomfort with their grandparents' PSDs such that there is a negative relationship at high levels of discomfort.

We expect the level of grandchildren's discomfort with PSDs to moderate the relationship between grandparents' PSDs and grandchildren's communicative behaviors with grandparents. Using CAT as a framework, we would expect more positive grandchild communication (i.e., accommodative involvement) when discomfort is low but more constrained communication (i.e., reluctant accommodation) when discomfort is high.

Hypothesis 2a: The relationship between PSDs and grandchildren's accommodative involvement is moderated by the level of grandchildren's discomfort with their grandparents' PSDs such that there is a negative relationship at high levels of discomfort.

Hypothesis 2b: The relationship between PSDs and grandchildren's reluctant accommodation is moderated by the level of grandchildren's discomfort with their grandparents' PSDs such that there is a positive relationship at high levels of discomfort.

An additional objective of the current study is to explore whether grandchildren's reactions to PSDs can be explained by additional communicative and cognitive variables. The following discussion outlines factors that may help account for varying perceptions of, and responses to grandparents' PSDs: conversation orientation, communicative responsiveness, and attitudes toward older adults and age salience.

Conversation Orientation

One influence on the degree to which grandchildren feel discomfort from PSDs may be the communication environment in which they were raised. Family communication patterns theory argues that children learn how to respond to their surroundings and circumstances through communication (Tims & Masland, 1985) and that family communication environments "create and share social reality" for children (Koerner & Fitzpatrick, 2006, p. 51). For the present study, an important aspect of family communication environments is the level of conversation orientation. In a family in which parents have a strong conversation orientation, family members are "encouraged to participate freely in interaction about a wide array of topics" (Koerner & Fitzpatrick, 1997, p. 60). There appears to be a positive, though modest, relationship between reports of conversation orientation and a variety of measures of communication competence such as the ability to initiate conversations, engage in disclosing behavior, and exchange emotional support (Koerner & Fitzpatrick, 1997; Koesten,

2004; Schrodtt, Witt, & Messersmith, 2008). Because conversation orientation entails being accustomed to discussing a wide range of topics with family members, particularly those that involve emotions and feelings, grandchildren raised in families high in conversation orientation will likely be more accepting of all kinds of disclosure from grandparents including those focusing on painful matters.

Hypothesis 3: Conversation orientation is negatively related to grandchildren's discomfort with grandparents' PSDs.

Communicative Responsiveness

Older adults' PSDs often center on issues with which younger adults have little experience. Thus, younger people may find it difficult to understand the subjective experience of certain events common to later adulthood, and this lack of perspective may exacerbate their uncertainty as to how they should respond. We believe, then, that grandchildren's discomfort with grandparents' PSDs is shaped by their skill at responding appropriately and sensitively to the revelation of negative, intimate information. Thus, of primary interest is a person's ability to *express* empathy (Bylund & Makoul, 2005), which is an important element of communicative competence (Redmond, 1985). Stiff, Dillard, Somera, Kim, and Sleight (1988) advanced the concept of *communicative responsiveness*, which taps exactly this ability to manifest empathetic thoughts and feelings and refers to the capacity to "listen to and communicate effectively to others who are experiencing distress" (p. 198). Thus, discomfort with PSDs may be a result of not knowing how to respond to such disclosures.

Hypothesis 4: Communicative responsiveness is negatively related to discomfort with PSDs.

Unger and Thumhuri (1997) note that empathy is consistently related to prosocial behavior. We would therefore expect communicative responsiveness to be positively related to accommodative involvement and negatively related to reluctant accommodation. However, Miller, Stiff, and Ellis (1988) write that over time, "sympathy can turn to apathy and the desire to help can turn to a desire to escape" (p. 250). Although this statement was originally applied to burnout in social service workers, it is relevant in the context of PSDs in GP-GC relationships as it suggests that when grandchildren report particularly high levels of discomfort with grandparents' PSDs, even those who are communicatively responsive (i.e., more likely to express empathy) may be less likely to enact behaviors associated with accommodative involvement and more likely to be reluctantly accommodative. Thus, we pose the following research questions:

Research Question 1a: Does the level of grandchild's discomfort with grandparent's PSD moderate the relationship between communicative responsiveness and accommodative involvement?

Research Question 1b: Does the level of grandchild's discomfort with grandparent's PSD moderate the relationship between communicative responsiveness and reluctant accommodation?

Attitudes Toward Older Adults and Age Salience

Given CAT's attention to social identity and group-based affiliation or distinction, our final hypotheses center on the role of age identity and related attitudes in differentiating the positive and negative effects of PSDs. Both CAT and social identity theory presume that "individuals relate and communicate with one another in part based on group-level categorizations of social ingroups and outgroups" (Soliz & Harwood, 2006, p. 88). As such, the GP-GC relationship is paradoxical. On the one hand, there is clearly an *intragroup* dimension to communication in this relationship as they are members of the same family. However, belonging to different age categories (young vs. old) also introduces an intergroup component to such interactions (Harwood, 2007), which is intriguing considering the relatively negative views younger adults have toward older adults. Meta-analysis has provided compelling evidence that relative to younger persons, older adults are rated as less attractive and less competent and are more susceptible to stereotyping (Kite, Stockdale, Whitley, & Johnson, 2005). Likewise, negative stereotypes of older adults (e.g., that they are typically despondent or incompetent) are powerfully related to suboptimal communication by younger adults (Hummert, Shaner, Gartska, & Henry, 1998; Williams & Nussbaum, 2001).

Although young adults may not hold radically different stereotypes of grandparents relative to other older persons (Anderson, Harwood, & Hummert, 2005), they typically have much more positive experiences with familial elders, as shared family identity provides "a buffer against many of the barriers of ageist separation" (Ng et al., 1997, p. 106). The quality of these encounters is important, for Harwood, Hewstone, Paolini, and Voci (2005) observed that enjoyable interactions with close family members are particularly powerful in combating ageist attitudes. Conversely, if negativity is pervasive during interactions with intimates who are *also* members of a stigmatized out-group, these encounters may reinforce negative attitudes toward other members of that out-group. Based on the intergroup contact hypothesis (Brown & Hewstone, 2005), the potential of GP-GC interaction to influence grandchildren's attitudes toward older adults is contingent on grandchildren's recognition of the different age group memberships of themselves and their grandparents as well as their belief that their grandparent is typical of older people in general (Harwood et al., 2005, Harwood et al., 2006). Because Harwood et al. (2006) present evidence of a moderate relationship between perceptions of PSD and age salience ($r = .37$), it seems quite plausible that GP-GC interaction characterized by uncomfortable perceptions of PSD has the potential to invoke more negative attitudes toward older adults.

Hypothesis 5: When grandparent's age is salient in GP-GC relationships, discomfort with PSD is linked to more negative views of older adults.

Although the intergroup contact hypothesis suggests that experiences with a grandparent may influence perceptions of older adults, an alternative possibility is that attitudes toward older adults may influence responses to grandparents' PSD. Specifically, if a grandchild holds generally negative views of older adults and perceives a grandparent as typical of older persons (i.e., age is salient), negative disclosures by their grandparents may simply be congruent with their expectations. Although this may not make painful disclosures *pleasant* to listen to, it may be that this "expectedness" mitigates their potential to cause discomfort. However, under conditions in which grandchildren generally view older adults *favorably*, PSD by a grandparent may violate their expectations in a negative way, thereby being particularly disconcerting.

Hypothesis 6: Perceptions of older adults moderate the relationship between perceptions of grandparents' PSDs and grandchildren's discomfort such that there is a positive relationship when grandchildren hold positive views toward older adults.

Method

Participants

After securing the approval of the human subjects committee, young adult grandchildren were recruited from undergraduate communication courses at a large Western university and received course credit for their participation. Participants ($n = 297$) ranged in age from 18 to 40 years ($M = 18.78$; $SD = 2.03$). A majority (63.3%) were female. There was significant racial/ethnic diversity in the sample, with 38% being White/European American, 24% being Latino/Hispanic, 16% reporting Asian American/Pacific Islander heritage, 6% being African American/Black, and 4% being Middle Eastern. Multiple racial/ethnic heritages were reported by 8% of respondents. Approximately 4% did not indicate racial/ethnic background.

Procedures and Materials

To ensure that reports focused on female and male grandparents on both maternal and paternal sides of the family, respondents were instructed to answer questions with regard to a particular grandparent based on the letter with which their surname began. For instance, grandchildren whose names began with letters A to G were asked to respond to questions thinking of their mom's mom, whereas those whose names began with N to S were asked to focus their responses on the dad's mom. If the participant had never had any kind of relationship with this grandparent (e.g., through death or estrangement), they were asked to select an alternative grandparent to consider as they completed the questionnaire. This method also ensured that participants were not simply answering questions about a favorite grandparent. Participants answered questions about a maternal grandmother ($n = 126$), maternal grandfather ($n = 81$), paternal grandmother ($n = 47$), paternal grandfather ($n = 32$), step-grandmother ($n = 4$), step-grandfather ($n = 4$), or great grandmother ($n = 3$).

Grandchildren completed an online questionnaire that assessed various dimensions of their relationship with a specific grandparent, general communication behaviors, and attitudes toward older adults and aging.¹ All constructs were measured on 7-point scales. Intercorrelations, descriptive statistics, and reliability for measures are provided in Table 1. All measures used Likert-type scales unless indicated.

Table 1. Intercorrelations, Descriptive Statistics, and Reliability Coefficients for Variables

	1	2	3	4	5	6	7	8	9	α
1. PSD	—									.899
2. Discomfort with PSD	-.029	—								.746
3. Accommodative involvement	-.065	-.589*	—							.825
4. Reluctant accommodation	.159*	.335*	-.536*	—						.806
5. Age salience	.105	-.004	.102	.066	—					.740
6. Relational satisfaction	-.088	-.535*	.759*	-.436*	.120*	—				.911
7. Perceptions of older adults	.091	-.266*	.301*	-.164*	.074	.192*	—			.805
8. Communicative responsiveness	.078	-.311*	.300*	-.093	.086	.166*	.361*	—		.838
9. Conversation orientation	.112	-.259*	.409*	-.192*	.078	.288*	.326*	.450*	—	.935
M	3.01	2.76	5.16	3.31	3.99	5.03	5.50	5.27	4.64	
SD	1.37	1.09	1.23	1.36	1.08	1.60	.93	1.03	1.26	

Note: PSD = painful self-disclosure

* $p < .01$

Grandparents' painful self-disclosures

A composite variable was computed with items from Barker's (2007) measure and the index created by Harwood et al. (2006). A sample item from Barker's (2007) scale is "My grandparent often talks about sad things that have happened," whereas a representative item from Harwood et al.'s (2006) measure is "My grandparent talks about unpleasant aspects of his or her life." Higher scores on this 10-item scale indicated perceptions of greater frequency of PSD by grandparents.

Grandchildren's discomfort with painful self-disclosures

Discomfort with PSDs was assessed with Barker's (2007) six-item scale, which asks respondents to rate the extent to which they agree or disagree with statements such as "If my grandparent discloses private or painful things, I don't know how to react." Higher scores signify increased levels of discomfort.

Accommodative behaviors

Harwood's (2000a) measures of accommodative involvement and reluctant accommodation were used to assess grandchildren's accommodative behaviors with grandparents. The five-item measure of accommodative involvement taps behaviors that are prosocial and other-oriented (e.g., "I share personal thoughts and feelings with my grandparent"), whereas the six-item reluctant accommodation scale indexes feelings of being "constrained in the encounter, or unable to be themselves" (p. 750), e.g., "I have to 'bite my tongue' when I talk with my grandparent." Higher levels of accommodative involvement and reluctant accommodation are indicated by higher scores.

Age salience

Age salience was measured using a four-item group salience (Harwood et al., 2006) measure that assesses grandchildren's awareness of the grandparent's age and its relevance during conversation as well as four items that measure perceptions that the grandparent is representative of older adults of a similar age. The higher the score on this measure, the more grandchildren reported that age was a salient feature of their encounters with grandparents.

Relational satisfaction

Four items were used to measure grandchildren's satisfaction with the GP-GC relationship. A composite was formed from three items drawn from Harwood et al. (2006) study (e.g., "Overall, how well would you say you get along with your grandparent?") and Aron, Aron, and Smollan's (1992) Inclusion of Other-in-Self measure. Greater satisfaction was indicated by higher scores on this scale.

Perceptions of older adults

Attitudes toward older adults were measured with semantic differential scale on which respondents rate perceptions of people older than 65 years using seven items (e.g., positive/negative; Harwood et al., 2006). Higher scores indicate more positive attitudes toward older adults.

Communicative responsiveness

Developed by Stiff (Stiff et al., 1988), this five-item scale assesses an individual's self-reported ability to respond appropriately to others and to express empathy (e.g., "Others think of me as a very empathic person"). Greater responsiveness is indicated by higher scores.

Conversation orientation

Ritchie and Fitzpatrick's (1990) 15-item scale was used to measure grandchildren's conversation orientation. The scale asks children to reflect on the communication climate in their family of origin (e.g., "In our family we often talk about our feelings and emotions"). Higher scores on this measure suggest that respondents experienced more open communication environments in the families.

Results

Our first hypothesis predicted that the association between grandparents' PSDs and grandchildren's satisfaction with the GP-GC relationship would be moderated by the level of grandchildren's discomfort with their grandparent's PSDs.² That is, we expected grandparents' PSDs to be negatively associated with relational satisfaction when grandchildren were uncomfortable with these disclosures. To test Hypothesis 1, we followed Aiken and West's (1991) recommendations for testing moderation in regression analysis. Both predictor variables (grandparents' PSDs and grandchildren's discomfort) were zero centered and an interaction term was created by multiplying them. A hierarchical regression was computed with the zero-centered predictors entered in the first step and the interaction term entered in the second step. The regression model was significant, $F(3, 293) = 41.604, p < .001$, accounting for approximately 29% of the variance in relational satisfaction. There was not a significant interaction effect, $\Delta R^2 = .002, F(1, 293) = .724, p = .396$. Therefore, Hypothesis 1 was not supported. However, both PSDs ($-.103; p < .05$) and grandchildren's discomfort ($-.533; p < .001$) were negatively associated with relational satisfaction. The beta weights suggest a more straightforward relationship than the predicted in that relational dissatisfaction is more a product of grandchild discomfort than the actual *presence* of PSD.

Similar procedures were used to conduct two regression models to test Hypothesis 2 and Research Question 1. The first model addressed Hypothesis 2a and Research Question 1a. Hypothesis 2a predicted that grandchildren's discomfort would moderate the relationship between PSD and accommodative involvement such that PSD would be negatively associated with accommodative involvement when grandchildren's discomfort with PSD is high. RQ1a asked whether grandchildren's discomfort moderated the relationship between communication responsiveness and accommodative involvement.

In Step 1, PSD and communicative responsiveness were regressed on accommodative involvement with interaction terms between the predictors and grandchildren's discomfort entered at Step 2. The regression model was significant, $F(5, 285) = 36.789, p < .001$, accounting for approximately 38% of the variance in accommodative involvement. Two main effects were significant. Grandchildren's discomfort had a strong negative association with accommodative involvement ($-.566; p < .001$), whereas communicative responsiveness demonstrated a positive, albeit weak, association with accommodative involvement ($.130, p < .05$). PSD was not significantly associated with accommodative involvement ($-.084, p = .072$). There was not a significant change in the model with the addition of the interaction terms, $\Delta R^2 = .006, F(2, 285) = 1.403, p = .248$. Thus, grandchildren's discomfort did not moderate the relationship between PSD and accommodative involvement. Rather, grandchildren's discomfort *directly* predicted lower levels of accommodative involvement. Furthermore, although we had expected that grandchild's discomfort would moderate the relationship between communicative responsiveness and accommodative involvement such that communicative responsiveness would be positively related to accommodative involvement when discomfort was low, this prediction was not supported. In fact, there was only a weak main effect of communicative responsiveness on accommodative involvement.

Hypothesis 2b predicted that PSD would be positively associated with reluctant accommodation when grandchildren's discomfort is high. Research Question 1b asked whether grandchildren's discomfort moderated the relationship between communication responsiveness and reluctant accommodation. The regression model used to test Hypothesis 2b and Research Question 1b was significant, $F(5, 285) = 16.002, p < .001$, and accounted for approximately 21% (adjusted $R^2 = .206$) of the variance in reluctant accommodation. There were significant main effects for PSD (.171; $p < .005$) and grandchildren's discomfort (.346; $p < .001$), although communicative responsiveness was not a significant predictor of reluctant accommodation ($-.047$; $p = .4161$). Adding the interaction terms significantly increased the variance explained by the model, $\Delta R^2 = .063, F(2, 285) = 11.565, p < .001$. Both interactions were significant: grandparents' PSDs \times grandchildren's discomfort (.170; $p < .005$); communicative responsiveness \times grandchildren's discomfort (.167; $p < .005$).

To decompose the interactions, we computed a separate regression equation for each predictor variable (i.e., PSD, communicative responsiveness) and examined slopes (b) at the various levels of the moderating variable (+1 *standard deviation* above the mean, the mean, -1 *standard deviation* below the mean). PSD was positively associated with reluctant accommodation at higher levels of discomfort, $b_{+1SD} = .333$ and $b_M = .167$ but not at the lower level of discomfort, $b_{-1SD} = .001$. Thus, Hypothesis 2b was supported, and our findings suggest that when grandchildren were more uncomfortable with PSD, higher levels of grandparent's PSD were indeed associated with more reluctant accommodation. For Research Question 1b, communicative responsiveness was positively associated with reluctant accommodation at higher levels of discomfort, $b_{+1SD} = .138$ but inversely related at lower levels, $b_{-1SD} = -.240$. There was a weak, negative relationship at the mean level of discomfort, $b_M = -.051$. Therefore, when grandchildren reported lower levels of discomfort with PSD, being more communicatively responsive was associated with being less reluctantly accommodative. However, when grandchildren were more discomforted by PSD, being more communicatively responsive was associated with being *more* reluctantly accommodative.

Our third hypothesis predicted that conversation orientation would be negatively associated with grandchildren's discomfort. Hypothesis 3 was supported, $r(289) = -.259, p < .001$. Hypothesis 4, which predicted that communicative responsiveness would be negatively related with grandchildren's discomfort, was also supported, $r(289) = -.311, p < .001$. These findings reveal that grandchildren's discomfort decreases as their reports of communicative responsiveness and open communication in the family of origin increase.

Hypothesis 5 proposed that grandchildren's discomfort would be associated with more negative views of older adults when age salience is high. The regression model was significant, $F(3, 288) = 8.059, p < .001$, accounting for approximately 7% (adjusted $R^2 = .068$) of the variance in attitudes toward older adults. There was not a significant interaction effect, $\Delta R^2 = .001, F(1, 288) = .248, p = .619$. Although salience was not a significant predictor of attitudes toward older adults (.073; $p = .197$), grandchildren's discomfort was negatively associated with this out-group attitude ($-.271, p < .001$). That is, holding more favorable views of older adults was associated with lower levels of grandchildren's discomfort.

In Hypothesis 6, we argued that PSD would be negatively associated with grandchildren's discomfort when perceptions of older adults are positive. The regression model was significant, $F(3, 289) = 7.676, p < .001$, accounting for approximately 6% (adjusted $R^2 = .064$)

of the variance in grandchildren's discomfort with PSDs. There was not a significant interaction effect ($\Delta R^2 = .00$), $F(1, 289) = .867$, $p = .353$. Thus, Hypothesis 6 was not supported. However, there was a main effect for attitudes toward adults, as more positive attitudes were associated with less discomfort ($-.268$; $p < .001$). Grandparents' PSDs were not associated with grandchildren's discomfort ($-.002$; $p = .969$).

Discussion

This study investigated personal and relational factors that may account for differing consequences and relational outcomes of PSDs in GP-GC relationships. Although PSDs are typically evaluated negatively by younger adults in nonfamilial intergenerational interactions, previous research has hinted that this negative evaluation may not be evident in GP-GC relationships, as grandchildren may perceive them as conversational indicators of closeness (Barker, 2007; Harwood et al., 2006). Indeed, our findings lend credence to this argument, as not only did grandchildren report receiving relatively infrequent PSD from grandparents but they generally did not experience this as particularly troubling (see descriptive statistics in Table 1). Furthermore, comparatively high means for grandchildren's reports of satisfaction and accommodative involvement suggest that the grandchildren who participated in our study had fairly rosy perceptions of their relationship with the grandparent on whom they reported. This is noteworthy given that the study design precluded participants from simply choosing a "favorite" grandparent on whom to report.

In the current study, we argue that it is not the presence or frequency of PSDs that is associated with negative evaluations or reactions toward the grandparent but rather the extent to which grandchildren are uncomfortable with the PSDs. Our original hypothesizing positioned discomfort with PSDs in a moderating role between the frequency of PSDs and relational or communicative outcomes. Discomfort with PSDs did not emerge as a moderator in predicting relational satisfaction (Hypothesis 1) or accommodative involvement (Hypothesis 2a). However, when interpreted alongside a negligible relationship between grandparent PSD and grandchildren's relational satisfaction, the substantial main effect for discomfort with PSDs suggests less satisfying relationships are better predicted not by whether PSD occurs but by the discomfort it produces for some grandchildren. This is consistent both with Coupland et al.'s (1991) position that PSD is not inherently problematic and Barker's (2007) finding that PSD is not interpreted particularly negatively by grandchildren. Thus, frequent PSD by a grandparent may have no detrimental effect on a grandchild's perception of the quality of their relationship if that grandchild feels little discomfort with this kind of communication. However, our findings, taken with Barker's (2007) discovery that discomfort with PSD is higher when such disclosure is rare, suggest that the occasional PSD directed toward a grandchild who finds such disclosures disconcerting may be sufficient to reduce that grandchild's opinion of the quality of their relationship.

The finding that negative relational outcomes are associated with grandchildren's *discomfort* with PSD, rather than simply the presence of PSD, reiterates that from the perspective of CAT, the significance of a communicative act is not predetermined but is a function of its meaning to individuals. Just as prototypically overaccommodative communication

such as elderspeak is interpreted favorably by older persons who perceive this communication as meeting their needs, underaccommodative behaviors by elders, such as PSD, may well meet the interactional needs of grandchildren who desire an authentic relationship with their relatives. Indeed, even outside the family, some younger adults interpret PSD positively (Coupland et al., 1991) and consider it to be an especially intimate and warm form of communication. Ultimately, whereas some grandchildren might perceive grandparent's PSD as a failure to attend to their conversational needs, others may consider it *more* underaccommodative of their grandparents to withhold a form of communication that indicates trust, closeness, and vulnerability. To view PSD as inherently problematic underaccommodation is to deny that the interpretation of communicative behaviors influences the negotiation of psychological distance between interlocutors and therefore to ignore the interactional processes of accommodation.

Although discomfort with PSDs moderated neither the relationship between PSD and relational satisfaction nor the association between PSD and grandchildren's accommodative involvement, it *did* moderate the relationship between PSDs and reluctant accommodation (Hypothesis 2a). This suggests that PSDs elicit more inhibited communication (i.e., reluctant accommodation) from grandchildren when their discomfort is higher. However, being exposed to and uncomfortable with grandparents' PSDs does not preclude continuing to desire and seek for ways to sustain a positive relationship with their grandparent. One possible explanation for our findings is that grandchildren whose grandparents characteristically engage in PSDs may find that maintaining a positive relationship is facilitated by refraining from voicing one's thoughts or introducing certain topics of conversation (Harwood, 2000a). These findings are consistent with elements of the communication predicament model of aging (CPMA; Ryan et al., 1986). Per the CPMA, when younger adults interact with older adults, they are cognizant of contexts, appearances, and behaviors that are indicative of older age. Because PSD is more communicatively characteristic of older adults than young adults, it may be a specific behavior that draws attention to the older person's age (Harwood et al., 2006). The CPMA proposes that recognizing cues to old age may trigger stereotyped expectations, in turn prompting the younger adult to modify their communication with the older adult—perhaps by restricting their communication (i.e., engaging in reluctant accommodation).

Because grandchildren's reluctant accommodation is more strongly predicted by discomfort with PSD than by the PSD itself, it was important to examine factors associated with grandchildren's discomfort with PSD. We argued that one such variable might be conversation orientation. Our findings showed that participants raised in families with high conversation orientation were less likely to be uncomfortable with PSDs. This is not surprising, as the concept of conversation orientation attends to the openness of communication about feelings and emotions, suggesting that those scoring high on this measure are adept in engaging in conversations that revolve not only around cheerful themes but also touch on gloomier topics and feelings. That those people reporting higher levels of conversation orientation were less troubled by PSD is also congruent with previous studies documenting links between conversation orientation and communication competence

(Koerner & Fitzpatrick, 1997; Koesten, 2006). To better understand the communication dynamics in the GP-GC subsystem, researchers may need to look beyond the dyad and take into account factors relating to the broader family context.

One reason that younger adults sometimes evaluate PSD negatively is that they are uncertain about how to respond to the disclosures (Coupland et al., 1990; Williams & Nussbaum, 2001). Younger adults may lack the ability to respond appropriately and empathetically to these sorts of disclosures from older adults and, as such, may be uncomfortable when put in that situation. As expected, we found a negative relationship between communicative responsiveness and discomfort with PSDs. Yet, even the most empathetic individuals may be hindered in their ability to respond effectively under certain conditions (e.g., being stressed, being exposed to repetitive or particularly harrowing disclosures). We therefore investigated whether or not discomfort with PSDs moderated the relationship between communicative responsiveness and two communicative behaviors: accommodative involvement (Research Question 1a) and reluctant accommodation (Research Question 1b).

Communicative responsiveness was positively related to accommodative involvement regardless of the level of discomfort with PSDs. This suggests that grandchildren with high dispositional empathy (i.e., communicative responsiveness) are apt to engage in generally prosocial communication with grandparents even if they feel uncomfortable with specific instances of grandparents' PSDs. At the same time, we also learned that when discomfort with PSDs was high, communicative responsiveness was marginally associated with more reluctant accommodation, although when discomfort with PSD was *low*, being more communicatively responsive was associated with being *less* reluctantly accommodative. That is, grandchildren who saw themselves as responsive to others reported that their relationship with their grandparent was characterized by not feeling able to communicate what they were thinking when they felt high levels of discomfort with grandparent's PSD. However, they felt less constrained when discomfort was lower. There is not necessarily a contradiction here: Grandchildren's perceptions of what is required to communicate and respond appropriately might very well require them to "say the right thing" rather than what they would *like* to say.

Two points should be stressed here. First, it is important to remember that accommodative involvement and reluctant accommodation are not antithetical. It would be perfectly possible, for example, for a grandchild whose grandparent engages in frequent PSDs to report both high levels of accommodative involvement ("I talk about topics my grandparent enjoys") and reluctant accommodation ("I avoid certain topics"). Equally important, grandchildren did not report their accommodative involvement and reluctant accommodation in response to specific episodes of PSD but with regard to the overall nature of interaction in the GP-GC relationship. These findings, therefore, indicate that discomfort with particular elements of grandparents' communication, even if those elements are infrequent, may color the broader quality of grandchildren's interaction with grandparents. In fact, infrequent grandparent PSD may be more problematic and discomforting for grandchildren than regular episodes of PSD (Barker, 2007). It may be that PSDs are initially troubling and discomforting, but repetition of them breeds indifference (the desensitization described by Barker, 2007) rather than awkwardness. Although we did not conduct analyses that would allow judgments about grandchildren's feelings of being "burned

out" by frequent grandparents' PSDs, Miller et al. (1988) cautioned that empathy may over time give way to less benevolent feelings. We are curious whether grandchildren who are initially receptive to PSD may become wearied by it and whether varying capacities for communicative responsiveness may result in grandchildren responding differently to frequent PSDs by grandparents.

Given the extent to which general attitudes toward older adults may influence or reflect GP-GC relationships, our next set of inquiries focused on identifying links between PSDs in GP-GC relationships and attitudes toward older adults. Building on previous research (e.g., Harwood et al., 2005; Soliz & Harwood, 2006), we posited that discomfort with PSDs would be associated with negative attitudes toward older adults when they perceived the grandparent's age as salient (Hypothesis 5). We did not find support for this relationship, which is in contrast to much of the research on intergroup contact and out-group attitudes (see Brown & Hewstone, 2005). A possible explanation for this is that participants have multiple GP-GC relationships. Hence, relying on grandchildren's reports of the occurrence of a single type of behavior in just one of many grandparent relationships may be sufficient to reveal associations between contact with grandparents and attitudes toward older adults.

Whereas Hypothesis 5 investigated the possibility that experiencing grandparents' PSDs might, under certain circumstances, affect perceptions of older adults, Hypothesis 6 examined the proposition that holding more positive perceptions of older adults would make PSDs more uncomfortable for grandchildren, as such behavior would be inconsistent with expectations of older adults. This proposition follows quite naturally from the suggestion of Coupland, Coupland, Giles, Henwood, and Wiemann (1988) that "those who perceive the old to be behaving in an entirely predictable, role-consistent manner will presumably evaluate PSD as less interpersonally under-accommodative" (p. 125). However, not only was the relationship between PSD and grandchildren's discomfort *not* moderated by their attitudes toward older adults but holding more favorable attitudes toward older adults was associated with feeling less discomfort regarding PSD.

Although we suspect that the anticipated moderating relationship might have emerged had we assessed younger adults' expectations of older person's communicative behavior rather than merely their general attitudes toward older adults, it is important to consider why our results might be so contrary to our expectations. We tentatively offer an explanation for this that is grounded in Anderson et al.'s (2005) finding that when younger adults hold more positive views of older adults, they make fewer age-related adaptations to speech. When younger persons view older adults favorably, there may still be an intergroup dimension to the interaction. However the "out-group" is no longer viewed pejoratively, and communication behaviors based on presumptions of deficit and low levels of competence are less likely. In relation to the present study, perhaps when younger adults hold more positive views of older people in general, they respond to grandparents' PSDs not as the predictable moaning of an "out-group" member but as the intimate disclosure of a loved one who is "one of their own." Particularly in the context of GP-GC interaction, the status of "family member" simply trumps the status of "older person" (Soliz & Harwood, 2006). To modify a line from The Hollies' classic song, grandchildren may adopt the position that "He ain't heavy, he's my grandfather." As noted by Anderson et al. (2005), it

is difficult to understand intergenerational communication without attending to the relational context in which it occurs. In fact, we wonder if we may be overlooking a simple but important possibility.

We have operated under the assumption that grandparents' PSDs are largely problematic for grandchildren because they are uncertain as to how they should respond. Such an explanation is consistent with existing literature (e.g., Coupland et al., 1990). However, early investigations of PSD drew their data not only from studies of nonfamilial intergenerational interaction but also from the conversations of strangers. In other words, even without older adults' PSDs, younger adults in such conversations are likely to experience high levels of uncertainty (Berger, 1987). However, although younger adults may have no idea how to respond to the PSDs of people hitherto unknown to them, and therefore feel highly uncomfortable when hearing such disclosures, they may know *exactly* how to respond to the PSD of a family member with whom they share a close relational history and with whom they have interacted for nearly two decades or more.

The current study extends a large body of research on intergenerational communication in and outside of the family. Coupled with this previous research, we believe the findings in the current study have important theoretical, methodological, and applied implications. First, communication competence appears to play an important role in both affective (i.e., discomfort) and communicative responses to PSD. Specifically, not knowing how to respond appropriately to PSDs has been theoretically linked to the discomfort with PSD, and this was reflected in the negative relationship that emerged in the present study between communicative responsiveness and discomfort with PSD. We typically focus on the communication competence of the older adult in the PSD context. Given that increased communication competence could decrease discomfort while increasing appropriate responses, perhaps scholars should attend more to the communication competence of the *younger* participant while refraining from conceptualizing PSD as a form of speech emblematic of the communicative *in*competence of older generations.

Such a focus would be entirely consistent with early examinations of PSD, which were careful to frame the disclosure itself as part of a larger interaction and paid particular attention to the range of possible responses that might be enacted by younger adults (Coupland et al., 1991). Attending more closely to the communicative competence of younger recipients of elderly PSD may enhance our understanding of why some PSD is met with perfunctory and noncommittal "minimal moves" such as "oh dear" and attempts to change the topic, whereas others are met with "full moves" such as reciprocal disclosures, follow-up questions, or commentaries on the older adults' revelation. An important implication of this might be that researchers could shift their focus from examining the conditions under which PSD might make recipients uncomfortable to examining how younger adults' responses to PSD might facilitate or inhibit the older person's benefitting from revealing this information.

It is clear from Coupland et al.'s (1991) account of PSD that older adults may derive certain benefits from revealing intimate and painful information. For instance, to engage in PSD may be "therapeutic," may lead a person to feel that they are contributing "newsworthy" material to a conversation, or to enhance perceptions of actual functioning relative to described functioning by "self-handicapping." We believe, then, that rather than

putting the onus solely on the older adults to disclose “more appropriately”, we should identify methods for improving younger adults’ ability to respond to these behaviors in ways that are perhaps self-sacrificingly accommodative. How, when faced with communication that could be construed as underaccommodative, might younger persons be helped to respond in ways supportive of the needs of older adults?

As demonstrated in the current study, young adults may develop the ability to respond competently to PSD through certain types of communication experiences in the family of origin. Although we investigated only a single family-system communication variable (i.e., conversation orientation), it yielded evidence suggesting that more open communication is associated with decreased discomfort with PSDs. However, there are numerous additional family influences that may increase younger adults’ competence and comfort in managing negative disclosures of elderly persons. For instance, explicit discussions about the disclosures and life experiences of grandparents, open conversations about myths and realities of growing older, and general encouragement of intergenerational contact may all serve to help younger people better respond to PSDs from relatives and nonfamily members alike. To a certain degree, the kinds of skills helpful for responding to individuals who violate norms of self-disclosure such as refraining from negatively valenced disclosures (Berger & Bradac, 1982) are not specific to intergenerational contexts. Certainly, Coupland et al. (1991) comment that the painfulness of a disclosure about bereavement does not derive from being the revelation of an older adult. Therefore, efforts by parents to develop skills such as perspective taking or recognizing the nuances of emotional experiences may also help develop the competencies conducive to responding appropriately to PSDs.

Second, to better understand both the effects of and responses to PSDs, research should account for the role of age stereotypes. In the current study, the levels of discomfort with and frequency of PSDs was relatively low. However, the findings demonstrate that it does not take high levels of discomfort to have negative consequences for the relationship. We know that PSDs occur in many relationships but are perceived to be more frequent and evaluated negatively in interactions with older adults. One possible explanation is that these disclosures trigger a more negative age stereotype (e.g., curmudgeon; Hummert, Garstka, Ryan, & Bonnesen, 2004) leading to negative evaluation on a variety of dimensions. Alternatively, PSDs may simply trigger an age-based distinction creating intergroup salience leading to the negative affect. To gain a more comprehensive understanding of how age attitudes and categorization come into play, future research on PSDs in the context of intergenerational communication should also incorporate young adults’ experiences of this type of communication with peers, as we can strengthen our claims about the role of stereotypes and age-based attributions if we account for individual differences and within-subject variations.

Third, contrary to recent meta-analytical claims concerning the pervasiveness of negative attitudes toward the elderly (Kite et al., 2005), participants in our study had fairly positive attitudes toward older adults. Although we would hope that this reflects a shift toward more positive societal views toward aging and older adults, it is possible (and perhaps more likely) that explicit measures of ageist attitudes suffer from the same limitations as other direct assessments of attitudes toward groups. Given that grandparent relation-

ships are fairly positive, an additional possibility is that asking questions about grandparents prior to questions about attitudes toward older adults positively “primed” our respondents to offer inflated reports of how favorably they perceived older adults in general. Given the variety of options available for assessing attitudes that limit social desirability and participant bias (see Maass, Castelli, & Arcuri, 2000), future inquiries should consider more implicit measures of attitudes in lieu of or in combination with explicit measures of age-related attitudes.

Fourth, we should ask ourselves if we are focusing too much on solely negative aspects of the intergenerational context. Although PSDs are important, if we are to gain a more complete understanding of the influence of these behaviors on communication and relational outcomes, we should study them not in isolation but alongside more positive behaviors (e.g., storytelling, supportive communication, appropriate disclosures) to determine if PSDs trump or are suppressed by more positive behaviors. At the least, it seems important to place PSD in a relational context. Grandchildren in the present study reported quite infrequent PSDs from their grandparents. However, we have no way of knowing whether this infrequent PSD constituted the entirety of infrequent interactions or a very small proportion of a large number of otherwise positive encounters. The absence of an association between grandparent’s PSD and grandchild’s discomfort is intriguing, given that intuitively we might expect discomfort to increase with frequency of PSDs. However, we know that the relationship between presence of PSDs and discomfort is complex and, at times, puzzling. For instance, Barker (2007) discovered that frequent grandparent PSD was actually associated with *lower* levels of grandchild discomfort with PSD. Given that discomfort is quite predictive of negative outcomes, but is not ordinarily a consequence of PSD, further work needs to explore the conditions under which PSD *does* produce discomfort for grandchildren. In short, research should simultaneously attend to both the dark and light sides of intergenerational interactions in our quest to understand and, ultimately, improve these relationships.

Finally, we acknowledge additional limitations that should be considered when interpreting the findings. First, although our sample did not suffer from the ethnic homogeneity that Barker (2007) lamented in her study of PSD in the GP-GC relationship, it does share the characteristic of being composed exclusively of college students. Although it was once quite unusual to have living grandparents after the age at which most college students graduate, that is no longer the case, and future studies should attempt to locate individuals in their 30s and beyond. As studies of parent-child relationships have found that closeness is promoted by the child passing through normative transitions and having similar life experiences as the parent (Suitor, Pillemer, Keeton, & Robison, 1996), it seems reasonable to speculate that as grandchildren grow older, they gain maturity and experience new things that may similarly influence relational quality and communication in the GP-GC dyad. Second, although we were able to study a respectable number of grandchildren’s reports of relationships with maternal grandparents, far fewer individuals provided reports on their communication with paternal grandparents. A more even distribution of reports focusing on maternal and paternal grandparents would have been desirable.

Third, although we believe it is certainly important to examine PSD in the GP-GC relationship, it is regrettable that neither our investigation nor previous studies (Barker, 2007;

Harwood et al., 2006) incorporated the perspectives of those *doing* the disclosing. Future studies should investigate how grandparents' perceive and interpret the communicative responses of their grandchildren to PSD.

Similarly, we believe it is crucial that rather than relying on retrospective self-reports, researchers record, observe, and analyze actual instances of PSD between grandparents and grandchildren. Following procedures such as those used by Sillars, Roberts, Leonard, and Dun (2000), participants could be asked to watch their conversations on video to provide more accurate ratings of felt discomfort. Even more important, these ratings could be examined in tandem with actual responses to help ascertain how grandchildren's discomfort shapes the communicative choices they make during sequences of talk involving PSD. Further investigations might address one of the weaknesses of the present design. Specifically, future studies could focus on how expectancy violations shape grandchildren's responses to grandparents' PSDs by measuring how actual grandparent communication compares with expectations and standards for grandparent communication. Finally, although it was beyond the scope of what was possible in the present study, we echo Barker's (2007) belief that grandsons and granddaughters might have different affective reactions and communicative responses to the PSD of grandmothers and grandfathers and believe future studies could address this issue.

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Notes

1. To verify that the measures assessing communicative and relational dimensions were measuring distinct constructs, a confirmatory factor analysis was run on constructs with moderate levels of collinearity. Results support the divergent validity of the measures.
2. For the sake of clarity, from this point on we refer to this simply as *grandchildren's discomfort*.

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