Grandparent Syndrome vs. Grandparent Disorder: A Clarification and Examination in the Context of Consumer Behaviour

Abstract

It is widely believed in the public domain that grandparents are enthusiastic participants in their grandchildren’s consumer behaviour – a phenomenon often referred to as the Grandparent Syndrome. However, consumer researchers have paid scant attention to this ancient and sacred consumer relationship. This paper provides one attempt to overcome this by exploring grandparents’ influence in the context of children’s food consumption. The study design incorporated interviews with 36 parents. The findings suggest that grandparents can be enablers of their grandchildren’s suboptimal consumption. This dysfunctional behaviour appears to be linked to perceived expectations about the grandparents’ role, rather than generational differences or lack of education. Suggestions are made for the development of supportive initiatives by social marketers.
Introduction

In 1958, Rappaport introduced a critical and overlooked influence on children’s behaviour, which he called Grandparent Syndrome (GPS). He asserted that grandparents have an undeniable and powerful influence on their grandchildren, continuing even as grandchildren become adults. Rappaport defined GPS as the development of detrimental attitudes and behaviours in children resulting from the role and status of the grandparent in the family and from the grandchild’s attraction to and identification with the grandparent. This attraction stems from the power that the grandparent has over the child’s parent (Rappaport, 1958; Tucker, 2006). The grandparent appears in some ways more powerful than the parent, yet less likely to assert power over the grandchild and more likely to indulge them.

The term Grandparent Syndrome has since found its way into the public domain to describe grandparents who overindulge their grandchildren and provide too little discipline. Whereas the academic definition of GPS describes a constellation of mental and/or behavioural symptoms that affect the grandchild (Sachs, 2010), the popular use of the term describes symptoms affecting the grandparent. Although this phenomenon is colloquially referred to as grandparent syndrome, they are actually two different things. There is no term in the medical literature to describe role-specific mental and behavioural symptoms manifest in grandparents, as opposed to grandchildren, despite the widespread belief that such a syndrome exists. The term Grandparent Disorder (GPD) is proposed to describe this condition. It is illustrated that this disorder is a valuable lens through which to understand the suboptimal influence of grandparents on the consumer behaviour of their grandchildren.

Literature Review

John (1999) argued that family consumption influence needs to be studied at a disaggregate level to provide more specific, and therefore more actionable, insights. The grandparent-grandchild relationship seems likely to yield important insights, as grandparents provide the majority of non-parent child care in countries such as Australia (Australian Bureau of Statistics, 2007) and the UK (Goodchild, 2003). In addition, a recent study from the UK (Pearce et al., 2010) found that children receiving informal childcare (75% of which is from grandparents) were more likely to be overweight than those cared for by just their parents. Those children receiving full time care were 34% more likely to be overweight, whilst those receiving part-time care were 15% more likely to be overweight. The authors offered no explanation for this relationship between child obesity and grandparents, and it is clear that research is needed to understand it better.

There has been little mention of grandparents in the consumer behaviour literature. One exception is Roberts and Pettigrew’s (2010) finding that grandparents are major enablers of children’s unhealthy eating. Where grandparents are mentioned in the literature, it is typically in the context of Asian consumer-decision making, which is perhaps unsurprising in view of the higher status afforded to elders in Asian communities. Studies indicate that grandparents usually live with their grandchildren in Asian families, both in China (Flurry & Veeck, 2009; McNeal, 1997) and in Asian families residing in America (Zaichkowsky, 1991). The presence of grandparents has been found to increase the quantity and frequency of gifts and cash given to children (McNeal 1997). The relative seniority of grandparents affords them considerable influence over consumption decisions for the entire family (Zaichkowsky, 1991), although

---


2 The term ‘syndrome’ is used to describe the combination of symptoms underpinning a disease, whereas the term ‘disorder’ is a term used to describe a less severe mental or physical disturbance that may or may not have a structural basis (Oxford English Dictionary, 2010).
this influence appears to be weakening (Flurry & Veeck, 2009; Ying & Yao, 2006), possibly because grandchildren are less likely to live in the same neighbourhood as their grandparents. Interestingly, there are differences between children’s and adults’ perceptions of grandparent influence on family decision making; consistent with GPS, children tended to attribute greater influence on family decision making to their grandparents, whilst parents tended to play down their influence (Flurry & Veeck, 2009).

Several insights can be drawn from the health and family literature regarding grandparent influence on consumer behaviour and family purchase decisions. An early study by Hader (1965) documented a case of a grandmother using food to entice her overweight grandchild to visit her home. There have since been three studies focused explicitly on grandparents and food. The first study focused on three generations of immigrants and their transition to a new cultural food system (Green et al., 2003). The study found reasonably consistent concerns, attitudes and behaviours across all four cultures and between parents and grandparents in relation to children’s diets. A subsequent study by Jingxiong et al. (2006) painted a very different picture. This study found considerable conflict between parents and grandparents over the grandchild’s food consumption, particularly in relation to snacking and sweets which were favoured more heavily by grandparents. The grandparents perceived enormous pressure from the parents to provide good food for the grandchildren, however they continually used food as a reward and expression of their love. A later study by Kicklighter et al. (2007) also examined grandparents and food; however the focus of the study was on the eating behaviours and health of the grandparent rather than the grandchild.

The current paper provides a new perspective on children’s suboptimal food consumption by examining the role of grandparents through the eyes of parents. The findings are part of a study that examined the influence of family and peers on children’s diets. The influence of grandparents was an emergent finding, as the initial focus had been on parent-child relationships. The interview guide did not contain prompts about grandparents, but despite this the data were replete with discussions of grandparents’ influence on children’s diets.

Method
A grounded approach was used to provide deep insights into the psychosocial influences on Australian children’s diets. Australia has the fifth highest prevalence of obesity amongst OECD countries (Organisation for Economic Co-Operation and Development, 2007), and addressing this problem has been named a national priority (National Preventative Health Taskforce, 2009). Data were collected with 36 mothers of children attending three West Australian schools. The schools were classified according to the Socio-Economic Indexes for Areas (Australian Bureau of Statistics, 2001). The sample was evenly split between the three schools (described as HSES, MSES, and LSES in the Findings), and a third of the sample were single-parent families.

Data collection consisted of either in-depth interviews (n=24) or small focus groups (12) (identified in the Findings as group or indv). The focus group and in-depth interviews included discussion of numerous topics relating to children’s diets. Focus groups lasted approximately 90 minutes and in-depth interviews lasted approximately 45 minutes. The transcripts were coded in NVivo 8.0 and analysed according to the techniques recommended by Spiggle (1994). Analysis of the data revealed much discussion of grandparents as a negative influence on children’s diets. A description of this influence is provided below, using the novel framework of Grandparent Disorder.

Findings
The following section uses data from an exploratory study to articulate GPD as it applies to consumer behaviour, in this case children’s food consumption. Grandparent Disorder appears
to be a chronic behavioural problem that is onset at the birth of the first grandchild and persists for the remainder of the grandparent’s life. It appears to be diminished only by reduced access to the grandchild. A differential diagnosis of GPD appears to include two core features: excessive and sub-optimal consumption, and failure to implement or enforce appropriate discipline in relation to the grandchild’s consumption. Firstly, GPD may manifest itself through gifting of unhealthy foods to grandchildren in order to enhance the specialness of time spent together.

Jill: They say, ‘When they are here, they are going to get spoilt!’ (HSES, indiv).

The dysfunctional nature of this gifting is apparent by its frequency, excess and recklessness. Not only is it persistent and pervasive, the behaviour appeared to be irresponsible and even absurd at times, exposing the grandparent to criticism and ridicule.

Annie: Why do grandparents that don’t give their children this food give it to their grandchildren? I think it’s a real syndrome. My mum never ever gave me food like that, yet with my kids and my sister who has a one year old baby mum is trying to hand him a lolly snake and it’s like, 'Forget it, it’s not good for him'. (HSES, indiv).

The excessive and unregulated provision of unhealthy food not only affected snacking and occasional treats, it could regularly affect meal times as well, as explained in the excerpt below from Bella, a mother who stated that she had now moved far away from her mother’s house in order to reduce the influence of the grandmother on the grandchildren.

Bella: She [Nana] use to live round the corner from Hungry Jacks and McDonald’s. It was always, ‘Can we go to Nanna’s for dinner?’ We would pop up to Nanna’s, and she would be like, ‘Let’s go to McDonald’s’. It used to be a very big problem. Or they would stay at her house and she would be cooking and they would say, ‘We don’t want vegetables tonight’, and she would say, ‘All right’. (LSES, indiv).

Bella’s comments also point to the second symptom of GPD – failure to provide boundaries for the child, even at risk to the child’s health. Many parents described their frustration that grandparents failed to enforce existing rules that were important to the child’s health and wellbeing. Grandparents appeared to show a reckless disregard for rules that only existed for the health of the child, yet parents felt that their failure to enforce the rules suggested that the rules were unimportant. Grandparents’ were sometimes criticised for failing to support these rules, regardless of whether the behaviour occurred during visits to grandparents’ homes, or in the children’s homes.

Rachel: They say ‘I’m the Grandma, I can do what I like’. (HSES, indiv).

It could be assumed that the grandparents were incapable of utilizing optimal consumption behaviours in relation to their children’s diets. This may have been because of lack of education on healthy eating or because of generational differences, however, the comments below suggest that the behaviour is caused by becoming a grandparent.

Amanda: It’s interesting that I remember my mum getting really angry at my grandmother for giving me treats and saying ‘It’s rubbish’. She [grandmother] used to give us Twisties and things, and yet she’s [mother] doing the same thing now. I say that to her and she says, ‘It changes being a grandparent’. (HSES, indiv).

This difference in behaviour may be accounted for by grandparents’ perception that grandchildren are only with them for short periods of time, therefore everyday rules need not apply. However, as some of the children reportedly spent several days a week in their grandparents’ care, either after school or during holidays, this perception may be flawed. This
can be seen in the excerpt below from Ronda—a single mother who relies on the grandmother to care for her three year old son and six year old daughter whilst she works in a supermarket.

Ronda: He will finish dinner because he knows he can’t have dessert, but when my mother babysits for me he knows he gets dessert if he finishes his dinner or not. She will give him ice cream with the syrup on the top. (LSES, indiv).

Interestingly, the same grandparents were described as attempting to manage their own weight through avoiding eating such foods themselves. They reportedly had knowledge about good nutrition and healthy eating, yet they often failed to activate this knowledge when feeding their grandchildren. The case below is one of the few incidents where a mother described a grandparent’s attempts to support healthy eating. Although the grandmother serves a vegetable to the child at dinner, albeit by the unusual method of serving it separately from the meal, she subsequently provides dessert. This is particularly unfortunate as both grandmother and mother have Type-2 diabetes and both grandsons are already overweight.

Jane: I’m a single parent and also a shift worker, so my mum feeds them half the time. She has their carrot sticks all lined up and they have it in a cup…We’re all overweight, so she knows the same problem, but at her place they always have dessert, it’s usually jelly and ice cream, but I don’t do dessert…Everything changed from how we were brought up to the grandchildren. It’s completely different. It’s like you know, less pressure or something. I don’t know what it is with them, but she was much more lenient with them then she ever was with us. (MSES, indiv.)

The origins of GPD may be social as well as psychological. The data contained many examples of normative beliefs that reinforced this suboptimal behaviour, suggesting that the grandparents were responding to subjective and descriptive norms that favoured overindulgence. Subjective norms, or perceived expectations, seemed to indicate that grandparents are supposed to overindulge their grandchildren. Overindulgence was described as the very definition of grandparenting. One parent reported that the grandparent’s reluctance to overindulge her children constituted a failure to be a ‘real’ grandparent.

Terry: I get annoyed with mum, because she only gives them healthy stuff and she won’t give them Coke, but I want her to spoil them. Let her spoil them. It’s like, ‘You’re their Grandma, have chocolate biscuits in your cupboard’, and she doesn’t. (LSES, group).

Although Terry talked extensively about the importance of healthy eating, she also reported feeling that her child was ‘missing out’ on her full entitlement of grandparental love. It should be noted that this example was one of a few exceptions in the data. Most parents expressed frustration that grandparents were making an already difficult aspect of parenting even harder. However, it indicates how essential this behaviour is perceived to be, when one grandparent who abstains from the behaviour is viewed as deviant. These subjective norms were reinforced by descriptive norms, otherwise known as perceived prevalence (Brown & Moodie, 2009). The perception was apparent throughout the data that all grandparents overindulge their grandchildren.

Annie: I suppose it's a grandparent thing...I constantly hear my friends saying, 'I wish my mum wouldn’t bring over a big bag of iced buns'. You know, they are the same. (HSES, indiv).

Parents seemed to find grandparents’ treating behaviours exasperating, but often seemed to expect and accept them. Not only was GPD considered normative, it was sometimes
considered endearing that grandparents were incapable of behaving responsibly in the presence of their grandchildren.

Jill: I love it when I’ve cleaned their teeth and we’re watching a video before bed and dad sneaks up with chocolate for them. You can smell it on them and you know he’s been sneaking chocolates. They do that, but I honestly don’t mind too much because it’s an occasional treat, and it’s fun and nice memories. (HSES, group).

Discussion and Conclusions

Grandparents’ influence on their grandchildren’s diets is set to increase as more women return to the workforce and more marriages break down (Goodfellow & Laverty 2003). In addition, Australia is introducing childcare payments to grandparents caring for their grandchildren (Australian Government, 2011), which is likely to increase the number of hours children spend in the care of grandparents. As parents increasingly turn to grandparents to help with the stresses of modern life, consumer behaviour researchers and social marketers must come to terms with grandparents’ increasing influence in family decision making and consumption behaviours. Grandparent Disorder appears to be a valuable approach to understand grandparents’ behaviour in this context.

One contribution of this paper is to recognize that grandparents are to some extent responding to perceived subjective and descriptive norms, a fact that was recognized by some parents in this sample. These norms are strongly associated with attitudes and consumption behaviours, as it has been shown that specific behaviors are a product of the person’s attitude towards the action and their perceived normative expectations (Ajzen & Fishbein 1973). Social marketers need to develop campaigns that both empower grandparents and change society’s expectations of them, encouraging more optimal expressions of grandparental love. This requires communication campaigns to change perceived expectations not only of the grandparents, but also parents’ and children’s expectations about how grandparents behave.

An important limitation of this study is the failure to recruit grandparents. It is likely that their inclusion in research relating to child obesity could provide valuable insights. The parents in this study overwhelmingly described grandparents as enablers of unhealthy food to children, and they mostly failed to describe the positive impact that grandparents may be having on children’s diets. It is possible that they are subconsciously using the grandparents as a decoy; finding a blacker sheep in order to appear whiter themselves. Research with grandparents is likely to capture the positive contribution they make to their grandchildren’s food consumption. Another limitation is the absence of grandchildren’s voices. Research with grandchildren could identify aspects of their grandparents’ company that children most appreciate, which could form the basis of interventions that offer grandparents alternative methods of bonding. Another limitation is the perspective of grandparents as a homogenous group. There is likely to be considerable diversity in the attitudes and behaviours of different groups of grandparents towards their grandchildren (Goodfellow & Laverty, 2003).

Despite the important role of grandparents in caring for and therefore feeding their grandchildren, there is little apparent research on grandparents’ child-feeding attitudes and behaviours. Clearly, research is needed with this important segment, hopefully contributing to the development of a supportive intervention. This is a large segment and is easy to reach through media and venues that are utilised by grandparents. It would therefore seem to provide social marketers with an opportunity to do more with less in fighting child obesity. It seems likely that grandparents would benefit from support in feeding their grandchildren, such as information that assists them in assessing the healthiness of processed foods targeted at children that were not available when they were raising their children. Grandparents are also an important target for organizations marketing to children, as the findings of this study suggest that they are purchasing a considerable proportion of the food that children consume.
References


