

Self-Positive Reminiscence about grandparents: An exploratory study among mexican granddaughters from two generations*

*Reminiscencias autopositivas sobre los abuelos: un estudio
exploratorio entre nietas mexicanas de dos generaciones*

*Reminiscências auto-positivas sobre avós: um estudo
exploratório com netas mexicanas de duas gerações*

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ABSTRACT: Reminiscence is relevant within the intergenerational relationships involving grandparents and grandchildren. This exploratory qualitative study was carried out in Mexico, aiming to deep the understanding on granddaughters' self-positive reminiscence about their grandparents. A focus group discussion was conducted involving 12 participants: six were aged 22–23 years, while the other six were aged 42–57 years. Data were submitted to thematic analysis. Main findings suggest that granddaughters self-positively reminisced about their grandparents mostly regarding identity by “attaining feelings of self-worth” and “impelling continuity and change”. This field worth further research, since may unveil grandparents influence in grandchildren throughout life span.

Keywords: Reminiscence; Self-positive reminiscences; Intergenerationality; Grandparents; Grandchildren; México.

RESUMEN: *La reminiscencia es relevante dentro de las relaciones intergeneracionales entre abuelos y nietos. Este estudio cualitativo exploratorio se llevó a cabo en México, con el objetivo de profundizar en la comprensión de la memoria positiva de las nietas sobre sus abuelos. Se llevó a cabo una discusión de grupo focal con 12 participantes: seis tenían entre 22 y 23 años, mientras que los otros seis tenían entre 42 y 57 años. Los datos fueron sometidos a análisis temático. Los principales hallazgos sugieren que las nietas recuerdan de manera positiva a sus abuelos, principalmente con respecto a la identidad al "obtener sentimientos de autoestima" e "impulsar la continuidad y el cambio". Este campo merece una mayor investigación, ya que puede revelar la influencia de los abuelos en los nietos a lo largo de la vida.*

Palabras clave: *Reminiscencia; Reminiscencias autopositivas; Intergeneracionalidad; Abuelos; Nietos; México.*

RESUMO: *A reminiscência é relevante nas relações intergeracionais envolvendo avós e netos. Este estudo qualitativo exploratório foi realizado no México, com o objetivo de aprofundar a compreensão sobre as reminiscências autopositivas das netas sobre os seus avós. Foi realizada uma discussão em grupo focal envolvendo 12 participantes: seis tinham idades entre 22 e 23 anos, enquanto as outras seis tinham entre 42 e 57 anos. Os dados foram submetidos à análise temática. Os principais resultados sugerem que as netas se lembraram de forma auto-positiva de seus avós principalmente em relação à identidade por "alcançar sentimentos de auto-estima" e "impulsionar a continuidade e a mudança". Esta área necessita de mais pesquisa, pois pode revelar a influência dos avós nos netos ao longo da vida.*

Palavras-chave: *Reminiscência; Reminiscências auto-positivas; Intergeneracionalidade; Avós; Netos; México.*

The relationship involving grandparents (GPs) and grandchildren (GC) are core in familial intergenerational interactions, attached to a thread of intergenerational solidarity and family continuity (Gantumur *et al.*, 2020). Reminiscences approaches stand that we recall events from our past in different ways and for different reasons across the lifespan, underlining that reminiscences play key functions in individuals' well-being (Graham *et al.*, 2020).

Reminiscences functions and the intergenerational perspective on GP-GC interactions are connected topics that are infrequently crossed. Given the converging interests, in this exploratory study we aim to bring together these perspectives by addressing the reminiscence of adult (young and middle-aged) granddaughters (GDs) about their GPs.

Grandparents-grandchildren interactions

The relationship between GPs and GC has attracted increased research attention due to the extended lifespans, and have targeted several topics (Dunifon *et al.*, 2018; Sadruddin *et al.*, 2019). The more traditional topics have outlined the types and/or roles of GPs regarding their GC (Bengtson, 2004; Cherlin & Furstenberg, 1986; Kivnick, 1983; Neugarten, & Weinstein, 1964). Substantial research has focused on GPs' role as caregivers, their involvement and support (Arenas, 2017; Sadruddin *et al.*, 2019), and their influence on child health and development, socio educational trajectories, and social mobility (Arenas, 2017; Hayslip *et al.*, 2019; Sadruddin *et al.*, 2019). More recent literature has focused on the effects of care for GC on the GPs themselves (Komonpaisarn & Loichinger, 2019). Some research trends have underlined the GP-GC relationship by adopting GPs' perspective and exploring their relationship with their GC in their childhood and adolescence, focusing more on grandmothers (Attar-Schwartz *et al.*, 2009; Celdrán *et al.*, 2014; Even-Zohar & Sharlin, 2009; Sciplino & Kinshott, 2019; Sorenson & Cooper, 2010). Literature has essentially focused the interaction involving old GPs with their infants and adolescents GC, reporting that a positive and meaningful GP-GC relationship is beneficial for both. GPs have improved psychological well-being; while the GC have a source of social support, family history, and identity development (Gantumur *et al.*, 2020). The sharing of family memories or reminiscence by GPs towards their GC is a part of family regular interactions, and has been in the center of research and practice on family intergenerational relationships (Gantumur *et al.*, 2020). However, research has not expanded the knowledge about how adult GC reminisce about their GPs, and what influence GPs have in their GC during lifespan.

Reminiscences and their functions

Reminiscence is the act of recalling personally meaningful past experiences, a process that begins in early childhood and continues throughout the lifespan (Ros *et al.*, 2016; Webster *et al.*, 2010; Westtherhof *et al.*, 2010). Reminiscences are part of the autobiographical memory, with the function of organizing individuals' life experiences into a meaningful and coherent whole (Patrão & Sousa, 2019). Hence, reminiscence has an adaptative value (i.e., has functions in people's lives) since remembering our past for a reason (i.e., function) produces an outcome that can be positive or negative (Cappeliez *et al.*, 2005). The tripartite model of reminiscence functions shows eight functions, clustered in three first-order factors (Cappeliez *et al.*, 2005; King *et al.*, 2019; Korte *et al.*, 2011; O'Rourke, Canham, *et al.*, 2016; O'Rourke, King, & Cappeliez, 2017; Ros *et al.*, 2016): self-positive, self-negative, and prosocial. Self-positive function reaffirms self-understanding and is associated with physical and mental health well-being. It includes three functions: identity (the use of personal memories to obtain self-value and establish a coherent sense of self), death preparation (reviewing one's life, facing and accepting the finitude), and problem-solving (remembering earlier competencies to help solve present difficulties). Self-negative function shows a person caught in a cycle of rumination on memories from the past, associated with poor physical and mental health. It has three functions: bitterness revival (rehashing upon memories of difficult life circumstances), boredom reduction (using memories to fill a void of stimulation), and intimacy maintenance (holding onto memories of intimate social relations that are no longer part of one's lives). Prosocial reminiscence involves the sharing of personal memories and may affect physical and mental health through emotional regulation. It entails two functions: teach/inform (sharing memories to transmit a lesson of life) and conversation (communicating personal memories as a form of social interaction).

This model of the functions of reminiscence have been used by many disciplines, and among several groups (such as people with various physical and mental diseases, diverse cultural or national groups, and people with life trauma; Graham *et al.*, 2020; King *et al.*, 2019; O'Rourke, Canham, *et al.*, 2016; O'Rourke, King, & Cappeliez, 2017; Shellman, 2016; Shellman *et al.*, 2011). However, research lack understanding about how adult GC reminisce about their GPs. Moreover, it seems particularly relevant to address self-positive functions because these are the ones associated to increased well-being.

A perspective that entails GC in different phases of life seems pertinent, since reminiscences are dynamic and evolve with events and stages of live.

Mexico and family intergenerational interactions

This study was carried out in Mexico, a developing country that has experienced accelerated population aging, higher rates of migration, and the incorporation of women into the labor force in the last decades (Arenas, 2017). These changes are transforming the traditional patriarchal structure in favor of new norms and values regarding the role of women in society, stressing the importance of economic independence and gender equality (Arenas, 2017). In Mexico, intergenerational solidarity is a strong cultural norm, particularly between older mothers and their daughters. Therefore, in this study, we decided to focus on granddaughters (GDs; Angel *et al.*, 2016; Jiménez, 2012; Maldonado-Saucedo, 2015). Overall, family is a relevant value in Mexico. In the Oxford's Global Aging Survey, almost 90% of the participants in Mexico stated that "their family" is what they think of mainly when they think of who they are (Leeson, 2018).

This qualitative exploratory study aimed to shed light on GDs' self-positive reminiscence about their GPs to better understand the role GPs play towards GDs in Mexico. We considered two generations of adult GDs (young and middle-aged) to better comprehend the influence of GPs on the GDs' considering the stage of development.

Methods

Participants

Participants in this exploratory study were recruited in an academic setting for pragmatic reasons (participant accessibility), since the two generations were available (Vasileiou *et al.*, 2018). The study comprised 12 participants, all women (Table 1). Six were aged between 22 and 23 years and constituted the younger group. All of them students in the last semester of their psychology degree. The remaining six participants were aged between 42 and 57 years, forming the middle-aged group. All of them were psychologists with PhDs and teachers at the Universidad Autónoma de Aguascalientes.

Table 1. Participants

Name	Age	Marital status	Number of children	Number of grandchildren	Grandparents currently alive	Grandparents with whom they had close interaction
Maria	22	Single	0	0	Paternal grandmother, maternal grandfather	Paternal grandfather and grandmother
Margarita	22	Single	0	0	All	None
Sofia	22	Single	0	0	Paternal grandfather and grandmother	Paternal grandfather and grandmother, maternal grandmother
Elena	22	Single	0	0	Paternal grandmother, maternal grandfather	Paternal grandmother, maternal grandfather
Rosa	23	Single	0	0	Maternal grandfather and grandmother	Maternal grandfather and grandmother, paternal grandmother
Teresa	22	Single	0	0	None	Paternal grandfather and grandmother, maternal grandfather
Alicia	57	Divorced	2	2	None	Maternal grandfather and grandmother, paternal grandfather
Alexa	45	Married	3	0	None	None
Lucia	55	Married	3	0	None	None
Isabella	42	Married	0	0	None	Paternal grandfather and grandmother, maternal grandmother
Aitana	56	Married	3	0	None	Paternal grandfather and grandmother, maternal grandmother
Fernanda	49	Single	1	0	None	None

Procedures

The first author carried out a workshop on aging and reminiscence at Universidad Autónoma de Aguascalientes for teachers and students of psychology. At the end of the workshop, all those attending were invited to participate in this study, and informed in detail about the objectives, focus group discussion format, and collaboration asked. All agreed to collaborate and verbally gave their consent (which was video and audiotaped).

The focus group was schedule at participants' availability. It was decided to perform one focus group, bringing together the two age groups in the same session, because it was central to stimulate the recall of events (Fivush *et al.*, 2011; Luke, & Goodrich, 2019; O'Rourke, 2016). Still, gathering teachers and students may not feel easy for any of the groups (students may deem teachers are evaluating them; and teachers may worry about open up in front of the students). Therefore, some measures were carried out to enable easiness for both groups, as explained bellow.

Before the focus group session, each participant filled out a questionnaire on sociodemographic data (age, marital status, number of children and GC, GPs currently alive, and GPs with whom they had had close interactions), that was shared with the facilitators (1st and 4th authors). Then, each participant responded to the 43-item Reminiscence Functions Scale (RFS Mexican version; Salazar & Sousa, 2021; cultural and linguistic validation based on the Spanish version; Ros *et al.*, 2016). The RFS assessed how often the participants reminisced on various functions, ranging from "never" (1) to "very frequently" (6). The leading sentence was "When I reminisce, it is (...)". For the purposes of this study, the sentence was altered and formulated according to the study objectives as follows: "When I reminisce about my grandparents, it is (...)".

The participants were informed that their responses to the RFS would not be shared (with neither the facilitators nor the group). Therefore, they could decide when and if they wanted to share some event in the session. Anyway, responding to the RFS was essential for the focus group that was based on self-positive functions only (16 items: identity 6; death preparation 5; problem-solving 5).

The focus group session began with a short presentation of the format that has already been disclosed to the participants. It was carried out as follow: for each item of the self-positive functions, the facilitators asked that those who answered 5 (“often”) or 6 (“very frequently”) in RFS, and were willing to share: “Please describe a memory you recall specific to this item in your past (e.g., a specific event you may have had in mind when responding to this question)” (based on O’Rourke, Canham *et al.*, 2016). The focus group discussion lasted 125 minutes and was audio and videotaped. The first author conducted the discussion and the fourth author assisted in taping and clarification.

Data Analysis

The second author transcribed the focus group discussion verbatim. The thematic analysis was performed in two phases. In the first phase, two researchers (1st and 4th authors) independently coded the excerpts to the three self-positive functions (identity, death preparation, and problem solving). After, the coders met to check if they coded the same excerpts in the same function and a full agreement was achieved (Smith, Feld, & Franz, 1992). The difficulties in coding, ambiguities, and disagreements were discussed and solved between the coders. The second phase was the identification of the themes within each self-positive function. The narratives of the first phase, already categorized into the functions, were submitted for in-depth analysis to identify themes within each self-positive function. Two coders (1st and 4th authors) independently performed a hand coding of narratives to define the themes in each function, considering previous literature (Korte *et al.*, 2011). Then they met and, through an interactive process of successive refinement, defined a system of themes. After this process, a team debriefing was conducted to ensure that excerpts within the themes adhered together meaningfully. The research team confirmed the consistency of the themes. The final step was to generate a clear definition and name the themes. Table 2 presents the final themes, considering the number of participants. The data are presented in a narrative format, considering the self-positive function and the themes. Quotes from multiple participants are used to support the data analysis and ensure that findings were bond in their reports (Strauss & Corbin, 1998).

Results

Three participants (two young, one middle-aged) did not refer scoring any of the items on the RFS “often” or “very frequently” (Table 2). Lucia (55 years) had no contact with any of her GPs; she only had contact with her great-aunt. Elena (22 years) said she had and still has some contact with her GPs; however, “things are not very positive,” while Sofia (22 years) noted that contact and gathering with her GPs was/is “sporadic”.

The remaining nine participants scored at least one item “often” or “very frequently” (Table 2). Isabella (42 years) and Alexa (45 years) scored just one item, while Aitana (56 years) and Margarita (22 years) scored 10 items, and Alicia (57 years) scored 14 items. The identity function had more items scored “often” and “very frequently” by both groups (Table 2). Table 3 depicts the themes emerging for each self-positive function.

Table 2. Participants' scores for self-positive reminiscence functions

	Item	Death preparation					Identity						Problem-solving				
		2	9	29	33	35	8	10	24	26	32	36	12	18	31	39	42
Name	Age																
Maria	22		5	5	6		5									6	
Margarita	22					5	5	6	6	5	5	6	5		6	5	
Sofia	22																
Elena	22																
Rosa	23							6	5	5	6						6
Teresa	22						5			5	5				5		
Alicia	57	5	5	5	6	5	6		5	5	6	6	5	6	5	5	
Alexa	45							5									
Lucia	55																
Isabella	42							5									
Aitana	56		5	5			5	6	5	6	6	6		5	5		
Fernanda	49							5	5	5	5	5			5		

Death preparation. 2: To help me 'put my house in order' before I die; 9: Because it gives me a sense of personal completion or wholeness as I approach the end of life; 29: Because it helps me prepare for my own death; 33: To try to understand myself better; 35: Because it helps me see that I have lived a full life and can therefore accept death more calmly.

Identity. 8: Because it helps me contrast the ways I have changed with the ways I have stayed the same throughout my life; 10: To see how my past fits in with my journey through life; 24: Because it gives me a sense of self-identity; 26: Remembering my past helps me define who I am now; 32: To try to understand myself better; 36: As a means of self-exploration and growth.

Problem-solving. 12: To help resolve some current difficulty; 18: To remind me that I have skills to cope with present problems; 31: To put current problems in perspective; 39: To see how my strengths can help me solve

Table 3 Emerging themes

Themes	Younger	Middle-aged
Identity		
Attaining feelings of self-worth	4	5
Impelling continuity and change	4	5
Problem-solving		
Facing difficulties and prevailing	4	3
Living life fully	0	2
Dead preparation		
Facing death with acceptance	2	2
Having a symbolic presence after dead	2	0

Identity

Identity was the function coined as “often” and “very frequent” (Table 2) by more participants (nine: four young and five middle-aged). Two themes emerged (Table 3): “attaining feelings of self-worth” and “impelling continuity and change.”

The participants in both groups stated “attaining feelings of self-worth”. The younger GDs’ memories involved receiving an incentive from their GPs to be strong and pursue their goals. The younger GDs reported that GPs (usually maternal grandmothers) influenced them to complete their degrees and to demand equality in conjugal relationships. For instance, Maria (22 years) thought about quitting university and, after conversations with her maternal grandmother, “decided to continue” her degree. Margarita (22 years) had observed abusive spousal relationships in her family and, after dialogues with the maternal grandmother, decided “to demand a different relationship from her boyfriend” and will “not tolerate an abusive relationship.”

For the middle-aged GDs, remembering their GPs influences how they act in their “old age”. Aitana (56 years) stated that her GPs influenced her decisions regarding not coloring her gray hair: “I am proud of my gray hair; (...) it represents wisdom; I decided this by watching my GPs”.

“Impelling continuity and change” mean that participants learned from their experiences with their GPs and then used that learning to improve and evolve. Both groups of GDs said that they received a legacy of values such as respect, love, honesty, responsibility, and work ethic. They also stated that they inherited the following from their GPs: personality characteristics (such as creativity, tranquility, persistence, and being “very free”), preferences or favorite things (such as cooking, music), and philosophy that guided their lives regarding, in particular, family unity and mutual support. These inheritances help them better understand themselves (who they are). The participants explained that this occurred because they felt accepted and cherished by their GPs. For instance, Maria (22 years) said that her GPs “were pure happiness,” which she linked to the “tranquility” she feels. However, GPs also influenced some changes, since their negative experiences influenced the GDs to make some changes in their lives. Rosa (23 years) said her maternal grandmother gave her an incentive that encouraged her to claim equality in gender roles and not accept domestic violence: “My granny suffered a lot of abuse (...), but she tells me, ‘do not accept the same, it is not right’”.

The participants noted that they adapted the values they inherited to their style: they see the influence of their GPs in their lives, but those influences evolved with their own experiences. Alicia and Aitana (who have children) mentioned that they desire the same continuity with change for the next generations (children and grandchildren).

Problem-solving

Seven participants scored items of the problem-solving function (Table 2) as “often” and “very frequently” (four young and three middle-aged). Two themes emerged (Table 3): “facing difficulties and prevailing” and “living life fully.” The participants reported that when they faced difficulties, they remembered that their GPs faced stronger difficulties and were able to move forward with their lives. GPs passed on their experience and wisdom, which has helped the participants to face difficult moments, knowing that it is possible to find solutions to all problems: “My maternal grandfather had many

shortages in the beginning. However, he never stood still, always looking for a solution. That is something important to me” (Aitana, 56 years). Some participants reported that their GPs told them they were strong (Maria, 22 years), persistent (Margarita, 22 years), or good (Alicia, 57 years). Therefore, when they have to decide, they can hold onto those positive (resilient) characteristics and use them to solve any problem as a “life orientation guide” (Alicia): “All the memories I have with my GPs show they always emphasized my strengths. (...). Every time I have a problem (...), I remember that” (Maria, 22 years). Some participants (Margarita, 22 years; Rosa, 23 years; and Teresa, 22 years) have learned from their GPs’ mistakes and do not want to repeat them. For instance, Rosa said she does not want to repeat the history of domestic violence, which her grandmother faced, while Teresa said, “One of the biggest mistakes I have ever made was putting the other person before me (...); my grandmother was the one who told me that I should put me first then everyone else”.

GPs also inspired the middle-aged participants regarding “living life fully” (Table 3) by taking the best from their experiences, pursuing their desires, and appreciating life even when facing difficulties. This was passed on by example, as stated by Aitana (56 years): “My grandfather taught me by example to always seek, to always be. (...) He never stopped. Therefore, I want to never stop either”.

Death preparation

Four participants (two young and two middle-aged) underlined this function (Table 2), which comprises two themes (Table 3): “facing death with acceptance” and “having a symbolic presence after dead”. The participants reported that their GPs were the first significant relatives that they accompanied during their end of life and death. The GDs described their GPs as role models in “facing death with acceptance,” as they were able to develop a feeling of wholeness, which helped them to face the death of their GPs and other relatives later in their lives. Aitana (56 years) said, “I remember that they [GPs] were not fearful of death. They accepted death, without pain or suffering.” GPs left them “legacies” by teaching them to prepare for the transmission of material inheritances. Alicia (57 years) stated that her grandfather showed her the need to prepare material inheritances before dying, which is associated with the value of justice. “When he started

to feel that death was coming, he started giving away his land; he was doing his bequests while he was alive. (...) He wanted to be just. I think this is a legacy” (Alicia, 57 years).

Two young participants learned from their GPs that it is possible “having a symbolic presence after dead”; Maria (22 years) referred: “In his last days of life, my paternal grandfather (...), even though I was five years old (...), told me ‘you will not see me, but I will be with you always.’” According to Maria, this made her more acceptant of the death of her GPs and taught her to be present for her relatives even after her death: “I now know I can do the same for my close relatives.” Margarita (22 years) said that she learned from her GPs that “living is building a history”. She knows her GPs’ life story, a history that they built (“they set up a store (...) which was well known in the village”). Therefore, she understands she is building her history (“It will be the things that I will achieve”) which will remain even after she passes away.

Discussion

This study explored GDs’ self-positive reminiscence about their GPs, considering two generations of adult GDs (young and middle-aged), and was carried out in Mexico, a country/culture that is family-oriented and facing changes such as women’s equality. Three participants did not score “often” or “very frequently” for any item of self-positive reminiscences. They reported they had scarce or no contact with their GPs or poor interactions, which have been identified as major barriers in GPs-GC relationships (Gantumur *et al.*, 2020; Tornello, & Patterson, 2016). Nevertheless, not having self-positive reminiscences does not mean having self-negative reminiscence. Further studies might address adult GC self-negative or prosocial reminiscences about their GPs that could bring new understanding about negative and ambivalent GP-GC interactions that still understudied (von Humboldt *et al.*, 2021).

Our findings suggest that GDs from both generations self-positive reminisce about their GPs (even when they have passed away for a number of years), particularly regarding the function of identity. The self-positive reminiscence of the adult GDs (both groups) suggest that their GPs were fundamental in preparing the GDs with a self-concept that comprises resilience and strengthen. Embedded in this identity, they are equipped to make key changes in their lives and solve problems. The younger GDs, were inspired to achieve a university degree, reclaim gender equality and reject domestic violence. The

middle-aged GDs, were inspired to live life fully and to continue this legacy with their own children and grandchildren. Death preparation was the reminiscence function less referred by the participants. This function tends to be more active in older people, and our participants were not older people (Ros *et al.*, 2016). Participants from both groups of GDs stated that reminiscing about their GPs helped them with “facing death with acceptance”, in particular the dead of their GPs and, usually further in their lives, of other significant ones.

Our findings suggest that reminiscing is an evolving story that occurs according to GPs-GC interactions, reflecting life events and the stage of development challenges (Dunifon *et al.*, 2018; Mansson *et al.*, 2017; Sciplino, & Kinshott, 2019). In addition, the results unveil the way GDs were inspired or influenced by their GPs; they remember reflective conversations, where the GPs stood for the GDs qualities; they observed their GPs assuming behaviors, attitudes, or feelings (Arenas, 2017; Fivush *et al.*, 2011; Mansson, 2016; Sadruddin *et al.*, 2019). The younger GDs underlined that their GPs, particularly grandmothers, influenced them toward not accepting domestic violence. The middle-aged GDs with children reported their desire for the same continuity and change with the further generations

Limitations and future research

This exploratory study has several limitations and possible biases. Main limitations are the small sample, with a high level of education, and all from the field of psychology. Future studies should involve a larger sample, which should comprise GC with a wide range of literacy levels and from different fields of knowledge. Results in this study may be biased by the training in psychology of the participants and by their attendance to the workshop on aging and reminiscence. Being from the field of psychology makes participants more aware and capable of conceptualizing their self-positive reminiscence of their GPs. In addition, the workshop activated them in terms of reminiscing, making them more aware of their own reminiscences and the function attached.

Future studies should include grandsons and explore self-negative and prosocial functions. Further studies may differentiate maternal and paternal GPs (i.e., explore lineage differences) and grandmother versus grandfather (i.e., explore gender

differences). In this study, our initial intention was to consider GPs' lineage and gender differences; however, during the focus group discussion, this was difficult since the participants sometimes referred to a specific GP, but most of the time referred to GPs in general. Therefore, and as the number of participants was small, we decided not to make this distinction in this paper. The literature has shown the persistence of a hierarchy of involvement with maternal grandmothers at the top and paternal grandfathers at the bottom (Jamieson *et al.*, 2018). In addition, addressing great-GPs' reminiscence may be of value in times where the great-GC spend more time with them.

Conclusion

GC reminiscences about their GPs seem to be a field that worse further research, since may unveil more about intergenerational family interactions, namely the GPs influence in GC throughout life span. In this study, the self-positive reminiscence of GDs about their GPs suggests that GPs are key role players in shaping GDs identity, and inspiring them for key changes and living life fully. Self-positive reminiscence about GPs is the way GDs are currently remembering their GPs, considering their stage of development, their experiences and the events they are facing. Younger GDs are being encouraged to go further in their studies and claim gender equality, what may have social impacts toward women's rights. Middle-aged GDs are being confident in accepting aging and desiring for inspire their own children and grandchildren.

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Declaration of Interest

The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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