

IN THEIR OWN WORDS:

A Sampler of my Books

Ann Richardson



Dear reader

Most readers, including me, have a problem in finding the books they want to read. They look at reviews, browse in bookshops or ask friends. We authors have the reverse problem in finding readers. We sell at local fairs, advertise where we can and sometimes offer a free book.

Although my books focus on very different subjects, they share a single style – they are all based around very deep and honest interviews, enabling those interviewed to ‘talk to’ the reader about what it is like to be them. Their words take you into their world and may surprise you. This short ‘sampler’ is intended to give you a quick introduction to each book.

LIFE IN A HOSPICE is about the joys and challenges of working in end-of-life care. It takes you behind the scenes in two hospices, where you will see the enormous efforts of nurses, doctors, chaplains and others - even a thoughtful cook - to provide the calm that we all hope for. First published in 2007, it has been relaunched with a new cover and at a much lower price.

Perhaps you are looking for end-of-life care for someone you love. Perhaps you are wondering if this is the job for you. Or you just feel like being inspired by humanity at its best. This book will be for you.

HIGHLY COMMENDED by the British Medical Association, 2008

"An easy-to-read book, which will surprise many readers with its lightness of touch, humanity and refreshing tone. I would recommend it to anyone who has worries about their own or a relative's care at the end of life." Dr Nansi-Wynne Evans, GP

Amazon site: <http://myBook.to/Hospice>

WISE BEFORE THEIR TIME is about how it felt to be living with HIV and AIDS in the early 1990s when there was very little treatment. Coming from all corners of the world, over forty young men and women talk about the enormous stigma, blame and guilt associated with the disease. And there are challenges in telling their parents and partners, trying to keep healthy and looking for work – all while facing an inevitably shortened future. Yet they remain committed to celebrating the joys of life as much as they can. The book is testimony to the resilience of the human spirit. First published in 1992, this book tells their unique stories in their own words.

“This collection of true stories is as powerful as any great classic of fiction.”

Sir Ian McKellen

Amazon site: <http://myBook.to/Wise>

CELEBRATING GRANDMOTHERS is, very simply, about what it is like to be a grandmother. Over 25 women describe – in their own words – how they responded to the many pleasures and demands of this new role. For some, it was the source of great joy; for others, it brought some pain due to sheer distance or family problems. For everyone, becoming a grandmother changed the texture of their lives, their family relationships and their sense of themselves.

An original present for new and experienced grandmothers alike.

'A book to warm your heart about being a grandparent. And one to reassure you that you're not alone when you experience new relationships and complex family patterns.'
Virginia Ironside, agony aunt and novelist

Amazon site: <http://myBook.to/Grandmothers>

You can read more about all these books on my website: www.annrichardson.co.uk

Ann Richardson
January 2018

LIFE IN A HOSPICE:
Reflections on Caring for the dying

Ann Richardson
with a
Foreword by Tony Benn



To buy:

<http://myBook.to/Hospice>

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Preface to the First Edition (updated)

This book has had a very long gestation period. Nearly 20 years ago, I met a man who had worked as an AIDS nurse – and who subsequently died from the disease – and he talked a lot to me about the emotional difficulties of nursing the dying. I was immediately drawn to wondering how it affected people to spend their day-to-day lives working with dying people. Later, I worked briefly in a hospice as a volunteer, and experienced at first hand some of the rewards of such work and some of the complexities of that environment. It occurred to me that it would make an interesting book, but that is as far as I got.

In fact, the hurdles involved in writing a book of this kind are considerable. I knew that I would need to get the permission of one or two hospices, to find interviewers willing to take on the task, to interest a publisher sufficiently to make the project worth embarking on, to undergo the cumbersome process of obtaining ‘ethical approval’ required (at that time) for almost any research connected to the NHS and, finally, to gain funding to cover my expenses. I did what any sensible person would do and put my intellectual energies to easier tasks.

But eventually, the lure of this book proved too strong. Almost by accident, I obtained the permission of one hospice – and then sought out and found another. I put together a proposal and found, to my delight, that two publishers were keen to publish the proposed manuscript. Interviewers were fairly easy to find, as I work with several who were likely to find this work interesting. It took roughly six months to obtain the necessary ethical approval. And, despite considerable efforts, I never did get any external funding.

I undertook this project because I thought it would be fascinating. What makes people want to work in a hospice day after day? What is it like to help patients and their families at this vulnerable time? What aspects of such work are most difficult and what enables people to cope? And what is the impact on their lives at home? I felt if such questions were intriguing to myself, they might also be intriguing to other people. And, of course, those already working in palliative care – or others with an interest in doing so – might welcome the opportunity to reflect on this work. It is my hope that all such readers will find something of interest in this book.

For readers new to the subject, it may be useful to provide some very brief information. Hospice care is now exactly fifty years old, the first hospice having been founded in 1967 in South London by Dame Cicely Saunders. Her vision was to provide expert pain and symptom control, compassionate care, teaching and research.¹ A recent short report from Hospice UK, the national charity supporting hospices, defines hospice care as follows²:

Hospice care seeks to improve the experience of people living with terminal and life-shortening conditions, and helps people to live as well as they can, to the end of their lives.

¹ Murtagh F. Foreword. In S Payne *et al*, editors. *Research in palliative care: can hospices afford not to be involved?* Help the Hospices Commission, 2013, p 3.

² Hospice UK, *Hospice Care in the UK 2016: scope, scale and opportunities*. 2016. Available from Hospice UK.

It understands that a person's physical, emotional, spiritual and social needs are of equal importance, and supports carers, family members and friends – through a loved one's care, during bereavement and into remembrance.

Even at the end of our lives we have hopes and aspirations. We want to be where we feel most comfortable, do what brings us joy, and have those we love by our side. We want to be, despite everything, ourselves.

Hospice care is defined by its work to fulfill such hopes, and it is the mission of hospice care to improve people's experience of death, dying and bereavement. It has developed over the last 50 years to provide care and support to more people in many different settings – in hospice beds, at home, in care homes and in hospitals – and for ever more complex needs.

Over the years, the term 'hospice' has been used in different ways in terms of whether it is a physical place or an approach to care. In this book, a hospice is a place for caring for people at the very end of their lives, but the term is also frequently used to mean the special kind of care described above, which may be delivered in a person's own home, a care home or, indeed, a hospital setting. There is also some variation in how ill a person must be – how close to death – before being considered for hospice care. In this book, most people admitted to the hospices were considered to be at the end of their lives, but others could come in to give their relatives a short break or to the day centre for some attention and diversion.

What is the extent of hospice care in the UK? The Hospice UK report notes that there are roughly 220 hospices in the UK, most of which are for adults but a small number are solely for children. These are run by a variety of organizations, primarily local charities. It is estimated that charitable hospices provided expert end-of-life care to about 200,000 people in 2015-16, representing around 44 per cent of all people likely to need such care. Of these, 48,000 had used inpatient hospice care.

In addition, hospices also provided bereavement support to about 41,000 people in 2015-16, reach many more informally through support for families and other carers. Other activities have included outreach into care homes, prisons and hospitals as well as supporting people in their own homes. Hospices have also provided outpatient care, including medical and other assessments, physiotherapy, occupational therapy and other support for people to live well until they die. Although not discussed in this book, hospices also provide educational activities both for their own staff and beyond; in addition, many undertake their own – and assist with others' – research with the aim of creating and developing evidence of good practice.

(end of sample)

CHAPTER 1: Introducing Hospices

This is a book about hospices as seen through the eyes of the people who work in them. It explores the nature of their work, some problems they experience and how they cope with them and, most importantly, what makes it all worthwhile. It ends with some reflections on the impact of such work on their own sense of mortality and what they have learned from their experience.

But first it is necessary to address what hospices do and do not do. This chapter introduces the complex nature of hospice work and some ways in which care in hospices may differ from hospital care, touch on a number of themes explored in greater depth in later chapters.

Because the interviews were undertaken a decade ago, there are some occasional omissions in the coverage of activities undertaken. There is now greater emphasis on going out into the community – to people's homes, care homes and hospitals. More attention is also now given to educational and research activities.

The work of hospices

Perhaps the best place to start is with assumptions about hospices. Most people think that hospices are places where people go to die. This is only partially the case. First, life is unpredictable:

I met a patient this morning who has been coming to the day centre for two years. I always ask him how he is. I said 'you are looking well' and he said 'I am well – they told me two years ago I had five days, and I have proved them wrong'. I said 'good for you, carry on proving them wrong'. The doctors are brilliant, but many people have come in here and been told they have got months – and a couple of years later they are still going.

Healthcare assistant 1

They don't all come here to die. They do go home. We had a man who came in on a stretcher, very, very poorly – and he walked out. That was great. He had everybody in tears saying goodbye to him. And he hasn't come back.

Healthcare assistant 2

Second, hospices do more than care for dying people:

Nowadays, a hospice is here for terminal care, TLC, pain control, families wanting to go on holidays and leave a patient with us. We are here for all different reasons – we have got a day centre, we have got everything. You could die at home or you can die in the hospice, whatever you choose.

Nurse 1

A lot of people think 'this is where I'm going to die' – but it's not necessarily the case. They can be in and out of the hospice having treatment, getting stabilised, or getting their symptoms sorted. Some hospices don't take people till the end stage, but we often know them through the day centre or the community team, so there is a link fairly early on.

Head of hospice 1

There was a young man, only in his early forties, and the social worker had tried desperately to get him in for respite care and pain control. His idea was that you come in and you don't go out. He came for a look round the place and saw that we had Jacuzzis and things and I said 'it's just two weeks – if you want to go after the first day, it's up to you. The point is that you come in for a bit of convalescence, so we can control your pain and then you can go home'. He has now been here for two weeks and we're on top of his pain.

Discharge nurse 2

And many wrongly think that they are depressing places, full of miserable people:

People say to me 'oh, it must be really, really morbid', but I say no, what you find in a hospice is exactly what you'd find in a family home. There will be laughter and there will be tears, there will be happiness and sadness – those four ingredients make up the hospice, as they do your family home. You are going to hear laughter from one family, then another who are in tears because someone's dying. You don't deny the person laughing the chance to laugh, because that might be their last laugh. The family in tears also acknowledge that, because probably two days before, they were laughing as well. People generally acknowledge that they're all travelling the same journey, but at different times and at a different pace.

Chaplain 2

My mates have asked if it is depressing. I have taken them around the ward to see the patients and they see that it *is* really nice – 'just such a great place'. And that's what the hospice is. People on the outside have this connotation that a hospice is where we shunt people – the lepers and the dying. In fact, these are the happiest people you have ever met – they are getting the best care they can achieve and have counsellors preparing them for the fact that they are going to die.

Chef

If you come in the day centre at about 11.30 in the morning, you can hear the laughter coming out of here. You really wouldn't believe that you were in a place where people were so sick. People are happy to be here. The exercises and the music we play has got a lot to do with it – and they're relieved to be out of their homes, talking to people, and probably just to be alive. We very rarely see tears. I always say we've made laughter a condition of entry. To me, it's been one of the most wonderful experiences of my life to be here.

Volunteer 1

(end of sample)

CHAPTER 4: Working with Dying People

Although people who work in hospices are not all dealing with an actual death every day, it is a common part of their day-to-day work. This chapter explores some of the issues involved in attending to the needs of dying people and their families.

Helping people to come to terms with dying

The process of dying is not always straightforward. People can have days when they are slowly deteriorating as well as days when they feel better. Nurses and others can spend a lot of time helping people to come to terms with their situation:

Patients often ask us if they are dying. I tend to ask ‘how do you feel? What do you think is happening?’ Often, they will say that they feel weaker and I would agree with them. In most cases, patients do know – they recognise that they are getting weaker, that they are dying, but sometimes they just want to ask.

Senior staff nurse 3

A lot of it is just answering questions. Sometimes they’ll ask if they’re going to die. I usually say something like ‘well, obviously that’s going to happen to all of us, but what is the main concern for you?’ And then they talk about it a bit more. I don’t talk about death and dying if they don’t bring it up. Some people don’t want to talk about it. They know and I know they know – and that’s the way they want to deal with it.

Community nurse

I wonder if it isn’t an arrogance to feel we do anything. In the end, people do it themselves. They draw on their own inner resources. But there is a role to play. You are alongside someone – you are here with them. You can reassure them that someone will be there holding their hand, that we won’t leave them or we’ll help them sort out something they’re very worried about.

Social worker

Being alert to these questions is seen as important:

What all nurses need to know is if they’re asked a question and they can’t answer it or don’t want to answer it, they must get somebody who *will* answer it straightaway – because that patient may never find the courage to ask that question again. Some nurses find it very difficult to impart bad news – if someone asks ‘am I dying?’ They will say ‘no, of course you’re not’. They don’t want to take hope away. We send them on courses, but they still find it very difficult.

Head nurse

Some patients may be very frightened:

A lot of people just want to be blotted out – they can't cope with thinking about dying. They will say they're in pain, so you give them lots of drugs and then they sleep all the time. It always distresses me. I can understand younger doctors having difficulties, as I did, in really being open and honest and saying 'look, I think you want these drugs so you don't have to think about what's happening to you, rather than trying to find ways of coping with it'.

Most patients are afraid of dying, whether or not they're saying it, there is a fear. It's just the unknown. They've never been this route before and what's going to happen? How is it going to happen? Where am I going? The fear of leaving people – find me anyone who isn't really apprehensive about that! I'm apprehensive, myself.

Consultant

If somebody said to me 'I'm dying, I'm really frightened', I would explore with them what their fear is. And having done that so many times, their fear is the journey to death. Maybe one person in fifty will say it's the death itself. Mostly it's that journey, because they're not sure what it's going to be like. Both the pain they might suffer and how it will be at that last minute for them.

I try to get a real feel about whether they want to talk. I made mistakes early on. I can remember talking to one man about death and dying and that's not where he wanted to go. I was not picking up the signals. It was almost like my mission, I thought this was what I was employed to do. That was really the worst error I've made and it was certainly a wake-up call.

Counsellor 2

There can be particular problems with people who do not speak English:

In most cases, there would be somebody we can communicate with. There was one patient whose husband didn't speak any English – she was too unwell to translate and we needed to get an interpreter to help us to explain things. It was difficult, because usually you would be updating and explaining as the day goes along, but it was only the one chance to get all the important things over. Luckily, that does not happen very often.

Senior staff nurse 3

Of course, chaplains or other religious leaders may be brought in at this stage:

We call the chaplain for them, if they ask. If a person is close to dying, we would ask the family or sometimes the family will approach us. You get to know the families who are deeply religious. I've been nursing so long, it's like a seventh sense.

Senior staff nurse 1

(end of sample)

CHAPTER 10: What Makes the Work Worthwhile

By whatever route staff come to work in a hospice, they tend to stay. There seem to be many reasons for their willingness – or, indeed, eagerness – to do so.

Feeling involved

The rewards of working in a hospice are expressed in many different ways. Over and over, people speak of loving their work:

Sometimes people ask me how I can do this job. I say I do it because I love it. I would never do anything else. I love it and I know I'm good at it from the response of patients and their relatives and my colleagues. I think I shouldn't waste whatever it is I've got to be able to look after people who are dying. There is such satisfaction in being able to give someone a good death.

Rebecca

I absolutely love what I do. Not many people can say that. It can be sad at times, of course, but in general this is a very happy place. I'm not a do-gooder, not 'dedicating my life'. We're just like everybody else – good, bad and awful. But it's a great honour to be allowed to be involved in other people's lives, which includes their deaths.

Louise

Perhaps the most common single word that people use is that it is a 'privilege' to be there:

It is truly amazing to be involved in people's lives when they are so vulnerable. It is a privilege to be allowed to be involved in that part of their life, when they are raw and exposed. Two weeks ago, the father of a good friend was here and died. I was quite involved with the family right to the end. People allow you in, they are very trusting and that trust is quite humbling. I almost felt I needed to write my friend a letter to thank her for allowing me to be part of it, because that's how it left me feeling. How amazing to be able to be of some help.

Claire

I'm a carer by nature. The hospice seems to be an environment that I'm suited to. It is the privilege of sharing time, very precious time – being in close proximity with people when they feel their time on earth is limited. You may be the person that they may tell something to, just 'oh, I never realised how beautiful a sunset was'. You may be privileged to hear something that is so special to that individual, that can be an awakening for them. You should feel very privileged for that.

Alice

When we go through our own lives, usually we wouldn't dream of impinging on other people's lives unless we're a friend or a relative. Now, for someone to allow me to be

at this stage of their life, to take me as I am and to allow me to help them is a privilege. We wouldn't entertain someone just dropping in to such an important part of our life, unless we trusted them. And if people trust us to be part of their life, then that is a privilege.

Eileen

Part of this is the one-to-one contact, with sufficient time for it to feel personal:

The best thing is being able to have hands-on contact with patients, like giving a patient a bed bath. It takes me back to why I wanted to be a nurse, which was to have that personal input, rather than just doing a load of paperwork. It's one-on-one care. If nurses knew before what they know after their training, many would probably have gone to be healthcare assistants. They are doing what we want to do, the personal care side of things.

Sister

When I worked in a hospital, I didn't have as much patient contact. I would see someone once and then do loads of paperwork and refer them on to someone else. Now, I follow someone through their whole journey – I'm involved with them from the moment they get referred until they either get discharged or they pass away. It's probably one of the best decisions that I could have made to come work here.

Occupational therapist

There is also deep satisfaction in making a contribution to others:

It does give you joy to feel that you are alleviating mental and emotional suffering. I can't do anything about their physical suffering, but I can be there if they want a priest. It's a bit of a cliché, but often the nursing staff will say they get more from the patient than they give – it's true. I am inspired by them. I'm not a patient man myself and I think how on earth do some of them cope so readily?

Chaplain 1

I like the fact that, in a small way, you can maybe make a difference to people's lives and relatives' memories of them. It is a vocation working in a hospice. You have to want to do it and get some satisfaction out of it. It is not rocket science, it is just attention to detail. If you can change someone's focus, so they are not totally absorbed with pain – they can't sleep, they are crying, they want to end their life – to someone who is pain free and going home for a period of time, that's fantastic.

Doctor 1

(end of sample)

**WISE BEFORE THEIR TIME:
People with AIDS and HIV talk about their lives**

**Ann Richardson
Dietmar Bolle**

**with a
Foreword by Sir Ian McKellen**



To Buy:

<http://myBook.to./Wise>

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Preface

This book is a testament to the belief of one man that people with HIV and AIDS, along with everyone else, can be the masters of their own destiny. Dietmar Bolle was diagnosed HIV-positive in the mid-1980s and died this January, aged thirty-one. Following his diagnosis, he devoted his time to helping people with HIV and AIDS both to control their own lives and to be recognised as true experts on their own condition. This book was his last tangible achievement.

There are now numerous books about AIDS. What is new about this one is that it is written from the perspective of people with HIV and AIDS *themselves*. It is they who know most deeply what it means to live day by day with a disease for which many are shunned and for which there is currently no known cure. They have been through the process of receiving the diagnosis, finding a way of telling their friends and relations and searching for the strength to go on. This book is for those who want to hear what they have to say at first hand.

People with HIV and AIDS are often young men and women, likely to feel highly vulnerable. Yet the central message of this book is the dignity with which they can face their situation. The individuals in these pages do not present themselves as 'AIDS victims' but talk instead of the joys of life and the fundamental values to which they have been drawn. It is this transcendence over their disease, not their vulnerability, which gives their voices real power. They have looked their own mortality in the eye and are *wise before their time*. Whether or not we have any contact with people with HIV or AIDS, we can all learn from them.

But across the world, more and more people are coming to find that they know and, in many cases, love someone with AIDS. There are partners, parents, other relatives, friends, carers and sometimes children, all of whom may need help in understanding better what it means to be living with HIV or AIDS. Many feel completely alone, unable – because of the stigma involved – to tell others about such a connection. This book was produced with them very much in mind.

And it was also our hope that this book should bring strength to people living with HIV and AIDS themselves. Wherever they are and whatever their circumstances, they need to know that they are not on their own. Some have found this already – through the love of their partners, relatives and friends, through talking with others in support groups or through the kindness of those in the caring professions. But many remain silent and isolated – unwilling to admit openly the existence of their condition. Others are frightened to discover whether they have the virus at all, not yet able to cope with their fears of its consequences.

Some readers will already be knowledgeable about HIV and AIDS, for personal or professional reasons. But a very brief introduction may be useful for the uninitiated. HIV is the accepted shorthand for Human Immunodeficiency Virus, the virus which can lead to AIDS. A person with HIV may have few or no signs of illness. The presence of this virus can be readily identified and those who have it are said to be 'HIV-positive' or sometimes simply 'positive'. Once the virus has taken a certain course, which varies notably from one person to another, the person is said to have AIDS, shorthand for Acquired Immune Deficiency Syndrome. This is not a single disease, but a set of infections and cancers arising from a lack of immunity to illness to which the person with AIDS becomes highly vulnerable.

AIDS represents a genuine challenge for us all. The numbers involved are staggering. Each *day*, some 8-10,000 men, women and children worldwide become infected with HIV. It has been estimated that in 1991, some two hundred Europeans were infected each day and seventy new people diagnosed as living with AIDS. If current trends continue, there will be a cumulative total of forty million HIV-positive men, women and children in the world by the year 2000.³ It is difficult to take such statistics in.

It is the very size of the numbers that makes us easily lose sight of the *individuals* behind them. We need to recognise that those with this infection are just ordinary people trying to cope with their situation as best they can. And we may need to remember that they are to be found everywhere – out there, far away, and here, in our home town, on our street, perhaps even in our family. The individuals in this book speak for many, many others.

This book is both international in scope and personal in touch. We hear, among others, from Rebecca in England, Winston in Canada, Elizabeth in Uganda, Imrat in Malaysia, Roberto in Mexico, Erik in Sweden. They each speak tellingly about their lives – their fears, their joys and their coming to terms with themselves. Some are quite well off, some very poor; some have risen to the height of their profession, some struggle to remain in any kind of employment. Some live happily with a partner, some live alone. Most are fairly young, in their twenties or thirties, although a few are older. Their backgrounds are as diverse as that of any set of people grouped together solely by the coincidence of their medical history.

The idea for book was first conceived in the course of planning the Fifth International Conference for People with HIV and AIDS. This took place in London, 11-15 September 1991, with 550 participants from over fifty countries, all living with HIV or AIDS. It had the twin aims of enabling people to gain help themselves and to make others more aware of their needs. Dietmar Bolle was the principal inspirer and organiser of the conference. In that capacity, he had invited applicants to send in a 'personal story' for possible publication. I was to write the conference report and, in the course of discussion, I proposed that we also carry out interviews with conference participants to complement and extend what they wrote.

This book is the result of these twin exercises. In total, roughly sixty people from twenty-two different countries submitted written stories of varying length. At the conference, we interviewed twenty-one participants from fifteen countries and all continents. We sought to include a good range of people, including men and women with differing backgrounds, ages and lifestyles. The one unavoidable bias in the stories reflects those attending the conference itself. Although open to anyone with HIV or AIDS, it inevitably attracted many people active in AIDS organisations in their respective countries. They tended to have found a way of living positively with their situation and to be seeking to help others to do the same. But we felt that to the extent that there is a positive bias in these pages, so much the better, as this may serve as an inspiration to others.

(end of sample)

³ These statistics are taken from a speech by the European Regional Coordinator of the World Health Organisation's Global Programme on AIDS, September 1991.

Chapter 2: Being Diagnosed

Probably everyone who has HIV or AIDS, as with any life-threatening disease, can remember the moment when he or she was first told about it. Some will have had earlier suspicions; for others, it comes as a complete surprise.

Getting tested

Some people make a clear decision to be tested:

In 1983, I started studying nursing and I decided I might just go and get it confirmed that I'm not HIV-positive. Earlier, we'd heard about AIDS, but not as a problem for us in Scandinavia. We heard alarm reports from New York and how it was a gay disease. Then the information got more specific, everybody could get it and you had to take some precautions. I just wanted to get it confirmed that I wasn't infected, because obviously I wasn't. I couldn't be. I had seen the pictures of ill people from America and I didn't look like that.

It was a shock, of course, when I heard that I was positive. But it didn't disturb my life very much. I talked to my doctor and he told me what I could and couldn't do. It didn't seem as if I had to change my life very much, just certain things when it came to sex.

My doctor was very concerned for me, wanted to give me all the help he could. He also was worried about my mental status, if I could cope. He said if I wanted to talk to someone, he would be glad to help me get in contact with someone who could give me professional help. He gave me a chance to explain how I felt. I was always welcome there. I was very lucky, I think.

Erik (Sweden)

I remember exactly where I was when I heard about AIDS the first time. I was in my parents' living room and a news report came on about how haemophilia and AIDS were linked. That was 1981 or '82. For about five years, it really wasn't a part of my life. I knew it was there. When I heard people talking about it I listened, because somewhere in the back of my head it seemed something I should pay attention to.

Of course, your curiosity builds and you hear more and more people are HIV-positive in your haemophiliac community. You go to clinics every six months and you sort of count the guys. So you decide one day that it's really past time. I really just wanted to get it over with. I had severe haemophilia and had been receiving blood my entire life, two or three times a week. It was 'Let's just find out that you are.' So many of us with severe haemophilia in Canada were HIV-positive, my common sense told me that I would be.

But when the doctor told me, that was the first time it had been told. It was like, you're finished, *fait accompli*. I couldn't deny it any more and it was going to be a real part of my life.

Mark (Canada)

I was diagnosed in 1982. I was twenty-two years old. At that time in Canada, it wasn't a gay thing, it was the American disease. There was no name for it, men were dying mysteriously and they couldn't figure it out.

I was an IV [intravenous] drug user. I went because I wanted to know, I'm one of those guys that would rather know. I was going to be tested for a sexually transmitted disease, so at the same time I figured I'd have that test.

I got tested, waited two weeks for my results. I had no pre-test counselling. My doctor called me over the phone and said I was positive and I would live for three years.

I went to this community centre for counselling the following day. This guy was younger than me and he wasn't really concerned with what *I* was feeling – he was telling me about his last night's date. This went on for about fifteen minutes and I just got up and said this is not working.

I was really quite shocked and angry, how he did it. I also felt scared – like is this going to be the end? Do I give up now? This is what he was telling me, *three years to live* – you've got a life threatening disease, there's no medications for it. I was twenty-two years old, I was not ready to die yet.

Winston (Canada)

Some people have the diagnosis thrust on them:

I think everybody who has had unprotected sex in the last ten years must deep down somewhere know that they are at risk from HIV. But there's a very big step from that to actually making a decision to have a test. I certainly never made a decision to have a test – I was actually diagnosed because I gave blood.

I gave blood in November and I knew that all blood would be screened for HIV. And I can remember saying, 'Well, I'm getting my HIV test out of the way at the same time.' I did marginally think that, but you have to fill out a very detailed questionnaire, so I felt quite happy about giving blood.

I simply got a letter in the post saying that I had tested positive on a disease that was transmitted by blood and would I come into the transfusion service. I immediately thought it was HIV, because if it had been hepatitis or syphilis or something like that, they would have actually specified it.

I'm pretty sure that I contracted the virus while selling blood plasma in Spain. The government had a system whereby they would pay people for their blood plasma and a lot of the people who donated were HIV-positive. The sterilisation procedure was not good enough and some donors were infected by other donors who were positive. It was quite notorious, because some of the people who received the blood plasma became HIV-positive.

(end of sample)

Chapter 4: Relationships

In the many joys and trials of life, it is relationships with others which generally sustain people. All such relationships are put to the test by the introduction of a life-threatening disease. People have to learn new ways of coping with each other, make judgements about what can be talked about and when and generally think about what will happen when they are no longer there.

Partners

Relationships with existing partners change:

I have incredible admiration for my wife, deep love. I just think I'm really lucky. After we got involved in AIDS, we met some couples in a similar position and quite a few relationships didn't survive the diagnosis. Ours did and I think that's due to her, really. She's a very strong person, I can't really say more than I love her very deeply.

The diagnosis put a strain on our relationship, it was difficult for awhile. My wife has always been incredibly supportive. She wasn't frightened from the beginning, didn't believe the myths about HIV and AIDS. We'd always been fairly honest with each other about what we'd done, so that made it easier to talk, but it was hard for her.

She needed to talk about her grief. I think her need was to talk about her fear for me. And the fact that we had been advised not to have children, which we'd both wanted. That's been an ongoing problem for both of us. We found a support group where she could come along, a mixed group, gay and straight. For the first time she was able to talk about what she was feeling. They were really nice about having her there.

One of my concerns is that she doesn't invest so much in me, that if I get sick and die it leaves her with a big gap in her life. That's really difficult. She has an emotional investment in me, obviously, we're in a relationship.

And for a long time, I was concerned about infecting her. That was a major problem, I felt so infectious and contaminated. I still feel every time we have sex I'm putting her at risk.

Underneath it all, she still thinks about having kids. There's nothing I can do about it, nothing. So it's trying to find things in her life to substitute for kids, which isn't easy. There's this dilemma of her having a life that's her own.

Martin (Australia)

Before, my husband was moving from one place to another looking for girlfriends. But he is now good, he is a good husband. I feel happy that he has changed.

I didn't understand before. In the first days, I was a girl so I ignored AIDS. It affected men who slept with many women – or prostitutes. Then after I got married, I started to think about AIDS, maybe I am going to be the one who is going to suffer from AIDS. Because you can't trust your husband, he can have many girlfriends outside and then he will come into you, you love each other, so you never know.

We don't want another baby. My husband is saying that if you are HIV-positive, if you become pregnant, maybe your baby will be suffering from AIDS. Who is going to care

for the baby? So I decided not to have another baby at all. I have got family planning tablets. We can love each other.

Mary (Zimbabwe)

Some new relationships, begun with full knowledge of the diagnosis, are very strong:

I met my partner two and a half years ago; we've lived together two years. He has AIDS – he nearly died twice before I met him. He's ten years younger than me. We were like teenagers, we just went bang and love, over the coffee table at the local centre. It's been marvellous to do all the things we've always wanted to do and enjoy them with each other. Every day is a new gift – for me, but particularly for him who really has been near death twice. He's one of the most powerful characters I know, charismatic and loving, so it's good.

I was a very lonely person all my life. The relationship with him – it's a very domestic supporting one, which I really appreciate. The loneliness I used to feel has gone.

David (England)

I have a partner who is not HIV-positive, who I met after I was diagnosed. We've lived together for about three months now and I've known him for about eight months.

I felt very guilty about even thinking I could go into a relationship. But I got a lot of support from my women's group and I went ahead and started seeing him. I told him very quickly – I didn't intend to, but I felt I was drawing him into something that he had a right to know about. Which was the fact that I had a life-threatening illness and I'd had it for some time.

I was fortunate in that he'd known a woman who'd had HIV before. He hadn't been involved with her, but he was very informed of the risks. He went away and thought about it – that's what I wanted him to do. He said his major concern was not about contracting the virus, but getting involved with somebody who might die. But he had decided that whatever time we had together would be worth it. And he wanted to be a part of my life until that happened.

I felt an immense sense of relief. And, I suppose, a little bit of gratitude that he could still see me as a human being who was worth loving. You lose a lot of confidence in yourself when you're diagnosed, you wonder whether you are still a worthwhile person to love. He's the person who has helped me the most. He loves me and he's not frightened by me.

It has become less and less of an issue in our relationship. Of course, we had to talk right from the beginning about sex and how we felt about each other. We've always been very open and able to talk about how we feel.

I work very hard to make sure that he still has space to feel sorry for himself, because I think he does feel a bit apprehensive. And he feels very cheated. He's fallen in love with somebody for the first time – and that person may well be taken away from him. I think there has to be room in our relationship for him to have those feelings. Without me saying 'How come you feel that, when I'm the one who's going to die?'

(end of sample)

Chapter 5: Reflections on Living with AIDS and HIV

People living with HIV and AIDS, not surprisingly, give a lot of thought to how they should live.

Living one day at a time

A common reaction is to live for the present, taking each day as it comes:

I just live very much the present time. I am conscious that my time is quite short – limited or restricted. I can't make real projects for the future, because for me it seems to be a little bit nonsense. For example, you hear news from the television about the year 2000 or something and for me, well, maybe I won't be here.

I just try to be realistic, I just say to myself listen, it's like that. We are here temporary, everybody. And it's all relative, if you are dead at the age of eighty or fourteen or forty. It's nature, it happens like that.

I'm a bit fatalist – it may be typical for the people from Eastern countries. Because we were quite a lot manipulated. I don't want to exaggerate, because in my country the liberty was not so suppressed. But we were less used to our own independence, to our own responsibility. I became a bit fatalist. I took things as a fact of my destiny.

Pavel (Czechoslovakia)

I don't look too far to the future. I just live a day at a time.

I'm much more careful about who I choose to be with. Every day has to be very special. I wake up and think today's going to be a good day, so I want to be with people I like.

And simple things, like waking up and seeing the sunshine. And looking at flowers, seasons changing. And thinking, God, I've made it – here we are coming up to Christmas! I don't want anything major out of life. I just want to enjoy my children and my family. Just simple things, making a nice meal and having fun. Life's precious. Well, it is for us all. But in a way we've got the privilege of being able to prepare for our death. And being able to enjoy our life, however long we're going to be alive.

Sarah (England)

Many find themselves concerned not to waste time:

Time is of the essence. For many years, I dealt with that sentence in my business and suddenly it became a reality to me. Because time *is* of the essence. Every day has a new meaning for me.

If I had to live my life over again, I cannot think of anything that I would do different – and that includes contracting the illness. Because it has meant a lot of personal growth to me and I think the quality of one's life is superior to the quantity of it. To live a long and empty life is the last thing that I would want to suffer.

I find myself much less judgemental, because I've gotten to know the world a little bit better. On the other hand, I have become much more angry, because there is so much callousness that should not be around. I can get very outspoken to those who tread on people like ourselves, who desperately need help.

On an AIDS vigil in Washington DC a few years ago, I walked past the archives building. And there was inscribed in stone: 'Everlasting vigilance is the only road to liberty.' I thought what an odd thing to be engraved in stone. But the more I thought about it, all I wanted was what is on that stone – equal access to treatment, universal health care, no more discrimination, a little bit of love and a lot of compassion for all those that have a disease.

Peter (USA)

One of the first things I found was that I had no time for bullshit any more. I had no time for people that I don't have a real desire to have in my life. Like one girl that I'd known in highschool who heard through the paper and called me up and wanted to hang out. We hadn't talked in ten years and we never had a connection to begin with, so what's this about?

And other things, just stuff in my life that was a waste of time as I saw it. Time is the most precious commodity I own and for me to spend one moment of it doing something that doesn't please me is a waste.

Mark (Canada)

Many express a love of being alive and the need not to take things for granted.

I think that I am privileged because I work, I am in love, I am travelling, I have very good friends, I have money, I have not problems with my health. I feel myself well.

In the life, I am very much an observer. I like to be looking, the people, the things. I have a marvellous relationship with one of my nephews, I love him very much. And to see him growing each day, it's marvellous for me.

I think that life is a marvellous gift, just thinking and learning about the marvellous universe.

Roberto (Mexico)

My outlook towards life has changed. You don't take life for granted any more. Life is valuable not only for yourself. You also want to do something for other people. I feel more giving and sharing. It makes me feel wanted all over again. Everything has changed.

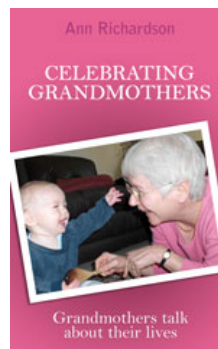
I feel now that life is more valuable, despite HIV. I'm lucky to be still here, to be able to live and to do the things that I want to do. Before I was diagnosed, I couldn't be bothered with life. You take everything for granted. Now, everything you do, you appreciate it more. Even to the minor things, like if you go into the garden and plant a rose. It's going to grow one day, then it flowers. You appreciate life around you.

Imrat (Malaysia)

(end of sample)

**CELEBRATING GRANDMOTHERS:
Grandmothers talk about their lives**

Ann Richardson



To buy:

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Preface

This is a book about the lives and views of grandmothers, as told by grandmothers themselves. So, you might ask, who wants to read about a lot of wrinkled old ladies? Well, for a start, wrinkled old ladies themselves, who tend to be largely ignored in books and the media. Plus the not-so-wrinkled, since some women become grandmothers in their forties or even earlier and some, who are not yet grandmothers, have an interest in understanding the stage of life they will be reaching soon. Not to mention the occasional person who might like to know what that quiet woman in the corner seat is thinking about.

The main reason I wanted to write this book is because I have found being a grandmother fascinating. Not just fascinating, but completely and surprisingly so. I had no idea of the significance it would have in my life. My own grandmothers were moderately absent – one because she lived a long distance away and we saw her very infrequently and the other because she had only a very limited interest in her grandchildren. My children, also, had little involvement with their grandmothers – my husband’s mother had died before they were born and my mother was a long way away and more engaged in her career. So, for me, there was no model for this stage in my life and certainly no very positive one.

Yet from the moment of birth of my first grandson, I felt immensely involved. I was keen to watch him – and the second, his cousin, who came along three years later – develop. I felt they were both very much part of my life and my planning. I did not want to go away for too long, because I wanted to keep up with changes in their lives. I not only adored them and the fun I had with them, but I liked the ‘me’ that I became with them. I realised that it was much easier to be a granny than a mother and felt I was doing better at it. I probably became a bore to family and friends, talking about them and the funny things they said, although no one has ever told me so.

Yes, being a grandmother added a whole new layer to my life. But this was not solely due to the new members of the family to love and to worry about. There were also new territories to be negotiated, like when and how to offer advice to the parents without getting their backs up. As I took on occasional childcare, I had to remember both the practical and the more complex emotional sides of looking after them. And perhaps most surprising of all, I had to come to terms with a very new image of myself as a grandmother – the older generation, with all that this implies.

It seemed such an obvious focus for a book that I was surprised it had not been done before, at least in this way. I checked it out and found the occasional book by an individual grandmother and a considerable number of books offering advice, with various titles around the theme of how to be a good granny. Indeed, I found one enticingly subtitled ‘how to be a bad grandmother’. But I didn’t want to give advice – I wanted to show how it felt from the inside. Of course, there

may be much to be learned from what these grandmothers have to say and different readers may take different messages from their thoughts. But my focus was on letting them talk about their lives.

This book is not about the grandchildren, no matter how many clever things they say or do. Evidently, some grandchildren, when they learned of this project, automatically assumed that such a book would be about them – as one teenage granddaughter asked ‘What do they want to know about *me*?’ The grandmothers themselves, however, had no difficulty understanding that they – and their emotions – were the focus of attention, although some were keen to talk about their grandchildren as well.

As I was writing this book, one friend asked if I had a thesis – was there a particular point that I was trying to make, using the interviews to prove it? The answer is a resounding no. It was never my intention to prove anything, aside from the multiplicity of perspectives and experiences of grandmothers in different circumstances. I did not know what I would find when I set out, and can only say that I was delighted with the varied nature of the responses.

One question was how to find my grandmothers. When I first told friends that I was planning this book and looking for people to interview, more often than not if they were grandmothers themselves, they would say cheerfully ‘You could interview me’. But it is unprofessional to interview anyone you know, so I had to decline. I began by approaching people in a park and shopping centre and found two or three in this way. But I then discovered that while I could not interview my friends, I could interview *their* friends. So I asked neighbours about their friends and friends about their friends and neighbours. I asked people I knew from various activities I do and, on occasion, local shopkeepers. One woman phoned me and asked to take part without my ever knowing how she heard of the project. As I was very concerned to talk to people with a range of backgrounds, I always talked briefly to the women on the phone to learn something about them prior to the interview. This also, of course, gave them a chance to ask more about the planned book.

What can be said is that these grandmothers come in all shapes and sizes. Some are old, some are surprisingly young, some elegant and some struggling. In the end, we spoke to 27 grandmothers. All but one lived in London (the exception was interviewed on a visit to London), but they lived in all corners of this diverse city – East, West, North and South London. We interviewed one living in Kensington (for those not familiar with London, this is one of the richest areas) and several in Tower Hamlets (one of the poorest). The majority were born in the UK – indeed, many of these were born in London itself – but because London is a very cosmopolitan place, a considerable number also came from elsewhere. Their countries of origin included, in no particular order, Australia, France, Pakistan, Iran, Nigeria, Sweden, Zimbabwe, Egypt and Barbados. They also spanned the major religions: Christian, Jewish, Muslim, Hindu.

(end of sample)

Chapter 1 The Joy Of Grandmothers

Television documentaries often begin with short clips from the main body of the programme, serving as a ‘taster’ for what is to come. In this short introduction, a few women talk about being a grandmother, again to serve as a taster for the main text. These are not repeated anywhere else, however.

First, there is the fact that the joy of being a grandmother comes as a complete surprise: For years and years my friends used to come up to me and say, with great enthusiasm ‘I’m a granny!’ And I would think, well, *you* haven’t done anything. How can you be so excited, as if you’ve achieved something? You’re only a granny – it’s not as though you’ve produced the baby. Producing the baby is the great thing. So I ignored all my friends, I wasn’t interested in their grandchildren at all. And then I had my own grandchildren and I just fell in love with them – each one is more wonderful and more perfect and more of a marvel than the one before. I’ve got more involved in looking at them and observing them as time has gone.

grandmother of five

Second, there is the love and involvement with so many new people as a result:

Being a grandmother is such a different stage of life. It’s very maturing in a way – and it’s also a tremendous challenge. There is this beautiful love relationship unencumbered by excessive responsibility. And you see all the family strands playing through. It’s like a form of weaving, the fabric of families coming together and you start to write another story together – I find that so moving. Suddenly we’re making this new fabric. It is quite amazing – it’s wonderful, very enriching – this other stage of life.

grandmother of three

Being a grandmother – and sometimes also a great-grandmother – becomes central to a woman’s life: I’ve been a grandparent for 30 years now, so it’s hard to think of myself as not being one. You have this whole bunch of people who you want to keep connections with. All my life, in a way, has been centred around the family. Emotionally, they take up an awful lot of my life and my thinking. And I’ve got a very busy life – I’ve got lots of friends, I do a lot of stuff – but they are the core of my life. I think about them every day.

grandmother of eight

Perhaps especially so when a loved husband has died:

My grandchildren have given me a reason to live after my husband passed away. When I got the grandchildren, I was so happy, I felt I had a reason to live now. I get up every morning thinking of them – I’m going to cook for them, or I’m going to bring them from their school, or it’s half-term and they are going to come and stay with me. All the time, that keeps me going. There are moments when I think what have I got in my life now?

And there is nothing – but the next minute I think Oh, I’ve got the grandchildren – I feel that I’m living for them.

grandmother of four

Yet there can be a sadness from watching life take its inevitable course:

It’s a little sad watching them grow older, but it’s how things are. Khalil Gibran, I think, said children are the arrows – you’ve got the bow and the parent shoots the arrow, but they’re no longer yours. They have to live their own lives. Grandparenting is a bit like that. You have to help them as the springboard to start them off and hope and pray that they will live well. That they will live and love and laugh – and care about themselves and about other people.

grandmother of two

And it can be seen as almost a secret club:

I had a lovely card from a close friend who is also a granny which said, ‘Welcome to the best club in the world!’ And it’s just how it felt. Quite a few of us, friends who are also grannies, are just a bit smug about it from time to time, saying ‘Oh, isn’t it nice to be a granny, isn’t it lovely.’

There’s all that business about having the best deal because you have the pleasure of the children without that relentlessness and that anxiety and responsibility. It’s such a privilege and you feel such an important part of a team, you are a necessary support. When you’re retired, it gives your life shape and meaning.

grandmother of two

Finally, and fundamentally, it makes a woman think about the trajectory of life:

Both becoming a grandmother and retiring – the two things at different times – each time you question the fragility of your life. You feel you are moving up, passing on. It makes you question things about life and how long you have to live.

There’s another generation that has come up – and you belong to the one who would have to leave to make room. And you think, am I going to see them as adults? I’m not eternal. I’d just like to see what’s going to happen.

grandmother of two

(end of chapter)

Chapter 4 The Emotional Side

Grandmothers clearly enjoy discussing the many things they do with their grandchildren. But the significance of being a grandmother does not arise solely from what they do, but equally what they *feel*. This chapter explores the comments of grandmothers about the emotional side of their relationship with their grandchildren, from the inevitable love and pride to a lot of worrying.

Love and its expression

The principal emotion of any grandparent is a sense of love, often to a surprising degree. Grandmothers seek different ways to explain what this means:

It really is like falling in love. You've got this all-encompassing, must-protect-at-all-costs feeling – a glow. It's wonderful. You've got to do everything you possibly can to make sure that nothing ever, ever happens to this person. It's almost as if you've got a double duty, because you don't want your child to be hurt or this child as well – you've got to work twice as hard.

grandmother of one

They teach you about love. They teach you about loving people for what they are – appreciating their individuality, their personalities, the tiny bits of other family members that you see coming through in them. You feel a terribly strong emotion.

When the first granddaughter was born in Australia, we went to see her and spent six months. I cried almost all the way home – it kept coming over me, that I was leaving this little child and I wouldn't see her again for a long while. I get more phlegmatic now, because I know that I'll be back, but it's still a sad thing to leave a wee one that you've got to know.

grandmother of ten

All grandchildren need is love. Not because they will do this or that for you, but because it's the right thing – it's something from you that's extended. You love your grandchildren as you love your own child. They don't all have the same character – some are difficult, some are easy – but you give them all love.

grandmother of three

Some describe this as a sense of kinship or having some special link:

There's an immediate kind of recognition – it's a look in the eye, it's a feeling of 'you and me understand each other'. I can't explain it, but there's definitely some sort of bond. You can feel it with a new baby.

I used to see a lot of one granddaughter when she was very young. She and I always get on well together, we have a kind of understanding. I don't know what it is – maybe we are quite alike, there's something we recognise in each other.

grandmother of eight

She was a lovely baby, very bright and always a joy to be with. I used to see her a lot. I still remember the first time she gave me a look of recognition. She was probably about three months old – we were in the park and it was getting quite cold and I remember putting my scarf over her pushchair and she just gave me a look, and I knew that she knew who I was. It was like a little *person*, kind of looking at me and saying, 'I know you – we know each other.'

grandmother of one

A few comment on their fear of not loving their grandchildren because they were already so much in love with their own children:

When the first grandchild was born, I was really worried because I thought, I love my daughter to pieces, and I'm never going to find enough love for a grandchild. I don't want to take any love from my daughter, she's my whole life. But the minute I saw this little bundle there, with a mat of black hair that looked exactly like my daughter did when she was born, I was in love again.

grandmother of two

You cannot believe that you would ever love anyone as much as you love your own children. But, you just do. When I was pregnant with my second child, I worried about that – how can I ever love anybody as much as I love my little boy? But they bring the love with them.

You have exactly the same feelings for the second one as you did the first, and I have the same feelings for my granddaughter as I did my two children. I just love her and I look forward to seeing her. It gives me great pleasure to see her happy.

grandmother of one

One argues that this love is all encompassing:

Having those grandkids – you don't need a man, you don't need a life, nothing else matters. That gives you everything! You don't need anything else in your life. That's how I felt for the first year. I still feel it now, but I was on a high for about a year.

grandmother of two

(end of sample)

Chapter 5 Views on Child-rearing

Being a grandmother almost always means watching how the children bring up their children. Grandmothers cannot help but notice and often have strong opinions. This can be the source of great pleasure, but it can also be a difficult issue on both sides. This chapter explores some of the complexities here.

Parental approval

It is the lucky grandmother who is wholly approving of the child-rearing of their children, but many do exist. Not only are they very positive, but they feel their children are doing much better than they did:

I'm hugely admiring of her ability to have the energy and the resources to do the things she needs to do, like instil the right level of discipline and support, draw the boundaries clearly and make sure the children are loved. If they don't do what they're supposed to do, both parents are extremely firm, they back each other up. When it was me, dragging my kids up, I just ran out of steam.

grandmother of two

I always thought she was a better mother – that's manifested in their very close relationship. I'm pretty sure they talk about everything, whereas my daughter and I do talk about everything now, but it was not so much when she was a teenager.

grandmother of one

This provides an opportunity to muse on the long-term effects of their own child-rearing:

They listen well as parents. I was too busy. We had to run a very regimented house to allow everything to run smoothly. But my kids feel they had a happy childhood. And that's, perhaps, the most important thing – I hope their children feel the same. It's all you can give your children, really, is a happy childhood and happy memories.

grandmother of eleven

One mother comments with approval of her son and his partner's careful management of a complete separation and its effect for her granddaughter:

My granddaughter knew what was going on when they separated. Credit to them, they really negotiated that extremely well and there was no volatility. They lived ten minutes away from each other and remained parenting alongside each other very actively. My son was excellent in supporting her as a friend and co-parent, and making sure that his daughter was provided for.

I was hugely relieved that they were so communicative with each other, having known the opposite with the father of my children. So I really respected them enormously and admired them.

grandmother of three

Disagreements on child-rearing

But, of course, there are also many who note problems with the upbringing of their grandchildren. Many of these are relatively minor problems.

Material things

Perhaps the most common complaint concerns the amount of things their grandchildren have:

Sometimes I say that I think they have too much, too many material things. I tell the grandchildren that too. They often laugh – they know that Grandma just doesn't understand life today. When I had my children, we would discuss whether they *needed* something, not just getting it because they wanted it.

grandmother of eleven

I think they have too much – toys and stuff. In my day, you just had maybe a couple of toys. Their house is like one big playroom. He can't play with everything. You couldn't move for the stuff under my Christmas tree – and half of it she would find six months later, not even out of the wrapping. In fact, we found an old hair dryer and that's what that child plays with all the time. So, all these toys, I just think, why?

grandmother of eight

They all have far too much stuff. All my friends say that about their grandchildren. It's just ridiculous. I don't even give them toys anymore. I told my grandson, when it was his birthday, that I would only give them *experience* presents now, like taking them to the theatre.

grandmother of five

The use of time

As children grow older, television and computer games are another big issue:

One thing I find difficult is the way the huge screen television was on all the time in the living room – at meals, the girls would slip out to watch telly. I think it's a pity if that's allowed to happen.

grandmother of eight

(end of sample)