

Predictors of Growth and Distress Following Childhood Parentification: A Retrospective Exploratory Study

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Abstract While most of the existing literature has focused on the risks associated with parentification, we examined the potential benefits (i.e., posttraumatic growth) associated with parentification. Predictors of posttraumatic growth explored in our study included: attachment, differentiation of self, parentification, and resiliency. Partial support was found for the predictor variables leading to posttraumatic growth, with resilience emerging as the strongest predictor; resilience explained 14% of the variance in posttraumatic growth. These findings suggest that future research might explore additional resiliency factors that explain positive psychological outcomes related to childhood parentification.

Keywords Family system · Parentification · Child maltreatment · Posttraumatic growth · Psychopathology · Resiliency

Introduction

Parentification, a role reversal wherein a child becomes responsible for a parent's and/or other family members' emotional or behavioral needs, has been well studied in the literature for such negative associations among parentified children as substance abuse (Chase et al. 1998), serious mental illness (Jones and Wells 1996), poor relationship functioning (Valleau et al. 1995), and poor parenting skills (Boszormenyi-Nagy and Spark 1973; Bowen 1978; Chase et al. 1998).

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Parentification can be *emotional*, when the child is accountable for helping the parent to modulate affectivity; or it can be *instrumental*, when the child is accountable for grocery shopping, cooking, house cleaning, and performance of aily duties that involve caring for parents and siblings (Jurkovic 1997, 1998; Minuchin et al. 1967).

It can be argued that parentification constitutes neglect, in that the parent abdicates the care and guidance of children inherent in the parental role in order to gratify his or her own adult needs. The child then experiences an environment that is adverse and deficient in promoting individuation and healthy attachments. Such deficit environments have been described as potentially traumatic in their consequences, and the linkages between neglect and psychopathologies such as PTSD are well documented (Cicchetti 2004; Kubiak 2005).

Developmental disruptions of attachment and individuation as a consequence of traumatic exposures also have been described in the literature (Herman 1992; Marotta 2003). Additionally, abuse and neglect as extreme stressors are more often than not described together in prevalence studies (Strauss and Gelles 1990), and they are ubiquitous (Emery and Laumann-Billings 1998) to the point that they are likely to be encountered in clinical and non-clinical samples.

As noted above, it is understandable that the main focus of research has been on adverse consequences of parentification. More recently, researchers have been asking whether parentification and similar types of childhood risks can have bimodal outcomes: namely, that the role reversals of parentification might promote competencies in children, along with the expected deficiencies (Gladstone 2006; Hooper 2007; Tompkins 2007). Gladstone and colleagues argued that the experiences of children are strikingly absent from studies on impaired parents and that, while children are certainly vulnerable and developing, they are also learning how family members care for each other and how to take on responsibility. Moreover, when children provide parents' and family members' care, these experiences might promote resiliency to adversity, leading to positive coping and healthy individuation or attachments (DiCaccavo 2006; Marotta 2003; Tompkins 2007). Perhaps the best effort at measuring growth through adversity was developed by Tedeschi and Calhoun (1995), who explored the linkage between stressors (acute and chronic) in childhood and then growth and resilience in adulthood. Few studies have considered positive growth after parentification (DiCaccavo 2006; Thirkield 2002; Tompkins 2007). For example, Tompkins examined the extent to which parentification was beneficial or pathological among children and adolescents living with a parent with a serious medical condition. They found that emotional parentification engendered closeness between parent and child, positive parenting, and child adjustment among families coping with a serious medical condition. In another study, which examined the relationship between instrumental parentification in childhood and interpersonal competence in adulthood, a significant positive linear relationship was obtained (Thirkield 2002).

Parentification alters the boundaries between children and adults (Boszormenyi-Nagy and Spark 1973). It is therefore reasonable to hypothesize that positive attachments might be evinced in children through their efforts to care

for adult caregivers who are functionally or emotionally unavailable to them (Aspelmeier et al. 2007). As Howe et al. (1999) noted, it is possible for maltreated children to develop flexible internal working models that can lead to secure attachments. It is plausible that secondary attachment figures who are embedded in contexts such as the extended family, school, or community may engender coping, skill development, and resiliency among maltreated children (Andrews and Marotta 2005). Attachment is defined in our study as the interpersonal attachment styles in adulthood that exist as a result of caregiving interactions with an attachment figure in childhood (Bretherton and Munholland 1999).

The concept of resilience as a separate construct has been explored in the literature mainly in relation to children's exposure to high-risk scenarios, such as poor parenting and deficit environments (Werner and Smith 1992). Flexibility, a characteristic of resiliency, could be an outcome when parentified children successfully access and apply their developing resource base in supporting impaired parents. Resiliency is defined in our study as the ability to negotiate significant challenges to development yet consistently "bounce back" in order to complete the developmental tasks that facilitate movement into and during adulthood (Wolin and Wolin 1993). While children could develop attachments through their parentified activities, the other side of development, that of individuation, could also be posited to have similar growth-producing potential (see Mattanah et al. [2004] for a discussion of attachment and individuation as predictors of adjustment). The process of individuation is conceptualized as having a clear sense of self within the context of a stressful environment and relationships (Bowen 1978). Individuation or self-differentiation might be a result when a parentified child recognizes and builds on her or his own autonomy and competence while managing the role reversals imposed by parents. Individuation is defined in our study as the "ability to maintain emotional objectivity during high levels of anxiety in a system, while concurrently relating to key people in the system, as proposed by Bowen" (Bowen 1978, p. 485).

Our study was designed to determine whether a non-clinical sample of adults would report posttraumatic growth and distress, and to examine the predictive ability of correlates of growth or distress as described above: namely, parentification, resilience, quality of attachment in adulthood, and self-differentiation defined as a form of individuation. Because the literature has described mixed findings with regards to the relationship between growth and distress (Cobb et al. 2006), these two criterion variables were examined separately. In the current study, growth was defined as the assumption that the person who experiences adversity, stressful events/environments, or trauma may benefit from the experience and can later apply that benefit to new experiences (Carver 1998; Tedeschi and Calhoun 1996); distress was defined as the number of symptoms (e.g., feeling down, anxious, somatic complaints) a participant experienced in the past seven days.

Thus the specific purpose of our study was to consider bimodal growth and distress consequences as they might be predicted by the childhood adversity of parentification, as well as other more standard predictors such as resiliency,

attachment, and individuation. Given the extant literature base, two exploratory hypotheses were examined in our investigation: (1) These predictor variables—instrumental parentification, emotional parentification, secure adult attachment style, resiliency, and differentiation of self—uniquely predict and explain the variation in growth among college students; and (2) These predictor variables—instrumental parentification, emotional parentification, secure adult attachment style, resiliency, and differentiation of self—uniquely predict and explain the variation in distress among college students.

Method

Participants

Participants were 156 college students recruited from a community college on the East Coast of the United States. Inclusion criteria specified that participants must (a) be at least 18 years of age and (b) read and speak English at an eighth-grade level or above. A total of 13 students were excluded because they did not meet study inclusion criteria ($n = 6$) or because large amounts of data were missing ($n = 7$). Hence, the final study sample was 143 college students.

Participants were primarily never-married adult students, of whom 69.2% were female ($n = 99$) and 30.8% were male ($n = 44$). Participants ranged in age from 18 to 49 years, with the total study sample's mean age being 22.45 ($SD = 6.04$). Race and ethnicity were diverse, with participants reporting non-Hispanic white (36%, $n = 52$), non-Hispanic black (22%, $n = 32$), or Hispanic/Latino (19%, $n = 27$) as their primary racial/ethnic identification.

In terms of measured sociodemographic variables, no specific hypotheses were put forward. However, analyses (e.g., ANOVAS, *t*-tests) were performed to examine the potential for differences related to demographic variables (e.g., age, gender, race, and ethnicity) on the study variables. Similar to Tompkins findings (2007), these analyses revealed no significant differences between the subgroups and the study variables.

According to Cohen and Cohen (1983), a sample size of 126 was needed to ensure adequate statistical power set at .80, for a medium effect size and alpha set at .05; these criteria were met in our study.

Procedure

Prior to data collection, all guidelines for research with human subjects were met at both institutions. Study recruitment took place during regularly scheduled undergraduate psychology classes. The researchers were introduced to each class by the course instructor. At that time, informed consent was obtained, and the instruments were administered to each group of volunteer participants. Our study protocol took 50–75 min to complete.

Instrumentation

Demographic Survey

This instrument, created for our study, asked for information regarding year in school, program in which the student was enrolled, race and ethnicity, current age, marital status, and country of origin.

Parentification Questionnaire (PQ)

Parentification was assessed using the PQ (Jurkovic and Thirkield 1998), which is a self-report instrument that measures dimensions of childhood parentification: both instrumental and emotional. Of the 20 statements, 10 questions are associated with each construct. Items associated with instrumental parentification include, for example, “I did a lot of shopping,” “I helped my brothers or sisters a lot with their homework,” and “I was frequently responsible for the physical care of some member of my family.” Items associated with emotional parentification include “My parents often tried to get me to take their side in conflicts” and “I often felt more like an adult than a child in my family.” Participants rate how true the statements are on a five-point Likert scale, where 1 is “strongly disagree” and 5 is “strongly agree.” Subscale scores can fall in the range of 10–50, with higher scores indicative of greater parentification.

In previous studies, the PQ has a reported Spearman-Brown split half reliability of .85 (Burt 1992). Research has documented convergent validity for the PQ, indicating that scores on the instrument are related to variables such as choice of a caretaking profession, features of depression, and ambivalence about dependency needs (Burt 1992; Sessions 1986; Wolkin 1984). As measured by Cronbach’s alpha, the obtained reliability on the first subscale, emotional parentification, was .75 for the current study sample. For the second subscale, instrumental parentification, Cronbach’s alpha for the current study sample was .80.

Differentiation of Self Inventory (DSI)

The DSI (Skowron and Friedlander 1998) is a 43-item self-report inventory used in our study to measure individuation and psychological health. Differentiation of self measures one’s ability to be close to but separate from significant others. Participants responded using a 6-point Likert scale ranging from 1 (not at all true of me) to 6 (very true of me) to questions concerning their thoughts and feelings about self and relationship with others. Sample items include, “I wish I weren’t so emotional”; “At times my feelings get the best of me and I can’t think clearly”; “I tend to distance myself when people get too close to me.” Full-scale scores range from 1 to 6, with higher scores indicative of a greater level of differentiation. In the initial validation study (see Skowron and Friedlander 1998), Cronbach’s alpha coefficient was .88 (DSI full scale). Cronbach’s alpha for the current study sample was .78.

Resiliency Attitude Scale (RAS)

The total resiliency score of the RAS (Biscoe and Harris 1994) was used to assess the participants' ability to persist in working through difficulties and their level of belief that one can make things better. This total score is obtained by adding the instrument's subscale scores (some of which are reversed scored) to obtain a raw score; the total raw score is divided by total points possible and then multiplied by 100 to obtain a standardized score. Scores can range from 20 to 100. Examples of items included in the total resiliency scale are: "There are few people who I can really count on"; "I can learn from the past and use that information to make the future better"; and "No matter what happens, if I keep trying I'll get through it." In a recent study, Cronbach's alpha coefficient was .76 (Punamaki et al. 2006). Cronbach's alpha for the current study sample was .87.

Relationship Scales Questionnaire (RSQ)

The RSQ (Griffin and Bartholomew 1994) was used to assess adult attachment patterns for self and with others. It is a 30-item self-report instrument; each item is scored on a five-point Likert scale ranging from 1 ("not at all like me") to 5 ("very much like me"). This revised version of the Relationship Questionnaire generates a score for a secure pattern attachment style, with the secure individual traditionally valuing closeness and intimacy while still maintaining a clear sense of autonomy. The modified secure attachment style scale used in our study produced a reliability coefficient of .62.

Posttraumatic Growth Inventory (PTGI)

The PTGI (Tedeschi and Calhoun 1996) consists of 21 self-report items indicating positive changes that may occur as a result of experience with adversity or trauma. The participants were instructed to consider parentification as the adversity experienced when answering the questions. As suggested by Calhoun, this study defined the adversity from which growth was presumed to stem. The six-point Likert scale yields a total score with a possible range from 0–105 for the total scale. Higher scores are indicative of greater growth. Internal consistency and test-retest reliability of the PTGI full-scale score have been reported as .90 (Tedeschi and Calhoun 1996). Consistent with other studies, the obtained reliability, Cronbach's alpha, was .92 in the current study.

Brief Symptom Inventory (BSI)

The BSI (Derogatis and Spencer 1982) is a 53-item self-report inventory designed to reflect the psychological symptom patterns of psychiatric and general community

populations. The BSI reports nine symptom scores and three broad scores measuring distress (Derogatis 1993). The three broad global indices are global severity index, positive symptom distress index, and positive symptom total. The present study used the positive symptom total (PST) to identify the absence or presence and the magnitude of distress or psychopathology among participants. The psychometric properties of the BSI are excellent (Derogatis & Spencer), with a long research history of reliability, convergence, and discriminant validity (Derogatis & Spencer). Cronbach's alpha for PST—defined in the current study as “distress”—was .96, which was higher than the reliability coefficient of .80 found in previous studies (Derogatis; Derogatis & Spencer).

While there are no clinical cutoffs for any of the variables used in our study, obtained scores on all instruments were consistent with other studies composed of non-clinical samples. Additionally, reliability across the various measures for the current study was acceptable (i.e., alpha coefficients range from .78 to .96), with the exception of the Relationships Scale Questionnaire, which had a coefficient of .62 (Hair et al. 1995; Nunnally 1978; Szymanski 1993).

Results

Means, standard deviations, and Pearson product-moment correlations for all study variables are presented in Tables 1 and 2. The average absolute correlation among the predictor variables was only 0.237, which suggests minimal overlap among the predictor variables. Because the literature has provided mixed results with regards to the relationship between growth and distress (Cobb et al. 2006), two simultaneous linear regression analyses were used to determine the extent to which the five study variables—instrumental parentification, emotional parentification, secure adult attachment style, resiliency, and differentiation of self—separately and together predict growth and distress. (Tables 3 and 4 summarize these findings.)

Table 1 Descriptive statistics for variables used in the study

Variables	Range	Mean	SD
Emotional parentification	10.00–48.00	26.90	7.81
Instrumental parentification	10.00–46.00	23.81	8.12
Secure attachment style	16.00–42.00	29.35	5.41
Resiliency	48.61–81.67	68.49	6.13
Self differentiation	2.29–5.07	3.66	.48
Posttraumatic growth	0.0–103.00	67.44	18.50
Brief symptom inventory	0.0–148.00	46.50	35.10

Table 2 Intercorrelations for study variables

Variables ^{ab}	1	2	3	4	5	6	7
Emotional parentification ^a	–						
Instrumental parentification ^a	.687**	–					
Secure attachment style	–.125	–.087	–				
Resiliency ^a	.062	–.034	.440**	–			
Differentiation of self ^a	.062	–.034	.272**	.414**	–		
Posttraumatic growth ^b	.201*	.171	.159	.297**	.018	–	
Distress ^b	.207*	.125	–.355**	–.406**	–.577**	–.049	–

^a Predictor variables: emotional parentification, instrumental parentification, secure attachment style, resiliency, and self differentiation

^b Criterion variables: posttraumatic growth and distress. * $p < .05$; ** $p < .01$

Table 3 Regression analysis summary for predictor variables and posttraumatic growth

Predictor variable	<i>B</i>	<i>SE B</i>	β
Emotional parentification	.181	.282	.075
Instrumental parentification	.274	.270	.118
Secure attachment style	.030	.330	.009
Resiliency	1.052	.292	.347**
Self differentiation	–4.995	–3.598	–.130

Note. $R^2 = .14$ ($n = 131$, $p < .002$). ** $p < .01$

Table 4 Regression analysis summary for predictor variables and distress

Predictor variable	<i>B</i>	<i>SE B</i>	β
Emotional parentification	.456	.162	.280*
Instrumental parentification	–.121	.157	–.076
Secure attachment style	–.401	.340	–.091
Resiliency	–.475	.170	–.231*
Self differentiation	–9.412	–.2018	–.361**

Note. $R^2 = .36$ ($n = 132$, $p < .000$). * $p < .05$; ** $p < .001$

Model 1: Predicting Growth

The hypothesis was that instrumental parentification, emotional parentification, secure adult attachment style, resiliency, and differentiation of self uniquely predict and explain the variation in growth among college students. The PTGI total score was regressed on these five predictor variables. Because of the exploratory nature of our study, all variables were entered simultaneously. The overall model established the existence of a significant relationship between the five predictor variables and

the criterion variable ($F [5, 131] = 4.150, p < .002$). The R value ($r = .370$) for this model meets the criterion for a medium effect size, as defined by Cohen (1992; Cohen and Cohen 1983). The R^2 value reveals that 14% of the variance observed in the criterion variable of growth was explained by the model. Examination of the t -tests on each beta weight showed that resiliency made a significant, unique contribution above and beyond the other variables, $\beta = .347, t (1, 135) = 3.60, p < .000$, as would be expected from the literature on associations between resilience and good developmental outcomes (Werner 1995). The hypothesis for Model 1, Predicting Growth, was therefore partially supported, with resilience being the strongest predictor.

Model 2: Predicting Distress

The hypothesis was that instrumental parentification, emotional parentification, secure adult attachment style, resiliency, and differentiation of self uniquely predict and explain the variation in distress among college students. Distress, as measured by total number of symptoms endorsed on the BSI PST subscale, was regressed on these five predictor variables. Because of the exploratory nature of our study, all variables were entered simultaneously. Overall, the model established the existence of a significant relationship between the predictor variables and criterion variable ($F [5, 132] = 14.781, p < .000$). The R value ($r = .599$) for this model reveals a large effect size, as defined by Cohen (1992). The R^2 value suggests that 36% of the variance in the criterion variable of distress was accounted for by the model.

Examination of the t -tests on each beta weight showed that emotional parentification, resiliency, and differentiation of self all made a significant unique contribution above and beyond the other variables. Emotional parentification positively contributed to the variance in distress: $\beta = .280, t (1, 136) = 2.807, p < .006$. Valence of the beta weight suggested that a greater level of emotional parentification indicated a greater level of distress. Resiliency was negatively related to distress, $\beta = -.231, t (1, 136) = -2.797, p < .006$, which suggested that higher levels of resiliency were associated with lower levels of distress. Finally, differentiation of self was related to distress, $\beta = -.361, t (1, 136) = -4.665, p < .000$, which suggested that higher levels of differentiation of self were related to lower levels of distress. Thus, there was strong support for this second hypothesis (see Table 4).

Discussion

The primary finding of our study is that parentification, a risk factor for many negative consequences, can also produce protection in that it predicts a mild level of posttraumatic growth (PTG). While explanatory power of the model is small at 14%, perhaps this model might be strengthened by adding measures of specific caregiving roles. The growth potential of parentification might also have been obscured by using global measures of attachment and individuation. Alternatively, it

could be that the age range of the current sample was restricted enough that it attenuated the power of the variables to account for overall growth. This latter point is theoretically consistent with the literature, which has suggested that time and developmental maturity are important to metabolization of adverse events (Park et al. 1996). The assumption is that the older one is, and the more time that has elapsed since the adverse event or trauma, the more likely one is able to make meaning of the trauma (Morris et al. 2005); thus, assessing PTG years after a trauma is preferable to assessing PTG weeks after a trauma. Research also reports on the linear positive relationship between age and meaning making related to trauma; as age increases, that is, meaning making related to the trauma increases (Tedeschi and Calhoun 1995).

A secondary finding derived from the data is that emotional parentification is statistically significant as a predictor of distress in a non-clinical sample. The distress model accounted for 36% of the variance, which is consistent with the majority of studies in the literature (Boszormenyi-Nagy and Spark 1973; Chase 1999; Chase et al. 1998; Jones and Wells 1996; Karpel 1976; Minuchin et al. 1967; Valteau et al. 1995). Of interest is that many of these studies considered parentification as a unitary construct. Since there appear to be differences in whether the form of parentification is instrumental or emotional, further research may want to examine the two constructs separately in larger samples, and in both clinical and non-clinical groups. Perhaps a group comparison study using the two types of parentification as a grouping variable in clinical and non-clinical samples would help to illuminate the role of parentification in predicting distress. While different forms of trauma and severity of exposures were not measured in our study, it might be instructive to control for possible confounds arising from differences in severity, intensity or duration of traumatic exposures.

The results of the current study also add support for not assuming psychopathology among adult clients who report childhood parentification, even emotional parentification—the construct most often associated with negative aftereffects in the clinical and research literature (Anderson 1999; Boszormenyi-Nagy and Spark 1973; Bowen 1978; Burt 1992; Chase 1999; Jones and Well 1996; Jurkovic 1997, 1998; Karpel 1976; Minuchin 1974; Minuchin et al. 1967). For example, in Thirkield's (2002) study, which examined the relationship between instrumental parentification in childhood and interpersonal competence in adulthood, a significant positive linear relationship was obtained. However, the mean age for that study's primarily White (77.4%) sample was 41.85 ($SD = 12.36$).

There are several limitations of the current study that must be considered. First, with regard to instrument limitations, the reliability for the Relationships Scale was low. Consequently, all conclusions regarding this construct are speculative and should be interpreted with this limitation in mind. Second, our study was a retrospective study composed of community college students and the students were the single-source for data. Brewin et al. (1993) suggested that perceptions of early negative events such as parentification (in non-clinical samples) may in fact be accurate and stable over time. In fact, McCrae and Costa (1988) contended that many results evidenced in retrospective self-report studies have been confirmed in prospective studies. Nevertheless, the exclusive use of self-report, and retrospective

data serve as limitations of our study. A longitudinal prospective study of children who are parentified might help to clarify how parentification, attachment, and individuation combine to produce growth. It might also be helpful for future research to consider controlling for the age at which parentification first occurs, because one would expect more deleterious consequences in a child who was parentified at age 6 than would be expected if the child was parentified at age 15 (Kaplow and Widom 2007; Tompkins 2007). Finally, it is important to note that our study was composed of community college students could have impacted the findings of our study. For example, students attending a community college in the eastern part of the United States may have resulted in a nonrepresentative sample. Moreover, the fact that the sample was attending college may contribute to or moderate the constructs under investigation in the current study's sample.

Our study offers mixed support for the models tested. The growth model explained 14% of the variance in PTG, and more studies are indicated to see if this finding can be replicated. From a theoretical perspective, it would be important to consider that parentification might best be measured as a multifactorial variable, especially to determine whether instrumental parentification has some protective factor, while emotional parentification might be associated with increased risk. In our study, instrumental parentification was not associated with distress, but emotional parentification was related to distress and growth. Future studies should continue to examine how and when instrumental and emotional parentification may lead to strengths and skills that are derived from the parentification process and that are later relied upon and used in adulthood.

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