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**Working with Parentification:  
Implications for clients and counselling psychologists.**

**Abstract**

This paper concerns the concept of parentification, whereby children take on inappropriate parental roles. A brief theoretical overview is presented, showing that parentification has important implications for understanding both clients' and counselling psychologists' experiences. Specific ways of assessing adult clients who were parentified as children are described, focusing on parentification criteria and typical profiles. This is followed by a description of a de-parentifying process, including exploring shame-based experiences, resisting splitting and working with projective identification. These discussions are illustrated by examples from an anonymised case study of a client who was parentified as a child. Finally the paper includes a discussion of possible dilemmas and difficulties that may arise when parentified clients and parentified counselling psychologists work together. While previous literature has discussed parentification separately for counselling psychologists and clients, this paper is unique in its discussion of the interaction between the client's and counselling psychologist's experiences of parentification and the corresponding impact on the therapeutic alliance. The paper concludes by emphasising the importance of personal therapy and supportive working environments for the well-being of counselling psychologists and consequently that of their clients.

## **The Process of Parentification: Theoretical Overview**

Parentification or inverted child/parent relationships (Bowlby, 1973), may be more prevalent than is generally supposed (Byng-Hall, 2002). Short-term supportive care-taking responsibilities can be adaptive responses to family crises. However, destructive parentification where children internalise ongoing expectations to care for parents' practical and emotional needs, has been associated with a range of psychological difficulties including depression, shame, anxiety and social isolation. Qualitative and empirical research has explored the experience of parentification (e.g. Vincent, 1996), how it can be measured (e.g. Sessions and Jurkovic, 1986) and the social and psychological consequences for children and adults (e.g. Jurkovic, 1997). Interestingly, although much of this work has been carried out with client samples, parentification of counselling psychologists, psychotherapists and other groups of professional carers has also been studied (e.g. DiCaccavo, 2002). Furthermore, practitioners have developed specific ways of assessing and working with individuals, families and couples who have histories of early care-taking (e.g. Wells and Jones, 1999).

Parentification is described as 'the subjective distortion of a relationship as if one's own partner or even child were his parent' (Boszormenyi-Nagy and Spark, 1973). The concept is perhaps best understood in the context of psychodynamic theories, with specific reference to object-relations development (e.g., Winnicott, 1965) and attachment (Bowlby, 1980), theories of relational dynamics (e.g., Boszormenyi-Nagy and Spark, 1973) and family systems theories (e.g., Minuchin, 1974).

In trying to resolve the unmet needs from their own childhoods, parents seek practical and emotional care from their children. In this way children become parentified and may take on overt and instrumental roles of domestic chores, such as shopping and cooking and or covert and expressive care-taking roles of confidante and mediator (Jurkovic, 1997). In this family dynamic children are described as being 'invisible', learning that their own needs are less important than others. They occupy the role of 'good' children as a way of avoiding loss of parents if their needs are not met (Winnicott, 1965) and in this way remain 'loyal objects' in the family system (Karpel, 1976).

Unable to provoke a caring response from the parent, the child becomes adept at anticipating the needs of others as his or her primary way of relating to the parent. This relating strategy is further established in adulthood where parentified individuals may enter helping professions, these roles representing extensions of their childhood roles (Blumenstein, 1986).

In the counselling literature there are many personal accounts of the 'wounded healer' where authors recognise that the decision to enter such work is heavily influenced by the desire to rework the hurts and disappointments of their own early lives (e.g., Sedgwick, 1994). A common theme in research that has been conducted with psychotherapists and social workers shows that individuals who are part of these professional groups are more likely to report childhood trauma and emotional deprivation than those in non care-related professions (Lackie, 1983; Vincent, 1996).

As a result of their own experience of having therapy such individuals may be more likely than others to enter caring professions. However, more compelling is the suggestion that caring for others is born out of particular early experiences which mean that the individual is motivated and skilled at perceiving and responding to the needs of others. Recent research with trainee counselling psychologists showed that they reported less parental care, more parental control, parentification and self-efficacy toward helping others compared to students who were not training in a caring profession (DiCaccavo, 2002).

By caring for the well being of a client, parentified individuals can care for themselves at a distance, both exposing themselves to emotional distress, that may in fact mirror their own, while at the same time defending against direct personal recognition of losses (Bowlby, 1980; Fussell and Bonney, 1990). Furthermore, choosing a career as a professional helper could function as a means of gaining overt validation and recognition for caring for others that an individual does not get from within their family (Lackie, 1983).

Alternatively, working within a caring profession is also likely to appeal to children who have experienced 'underresponsibility' (Cade, 1989). This is explained as the situation in which parentified parents seek to make up for not being cared for themselves by over-caring for and infantilizing their children (Jurkovic, 1997). This gives rise to lack of opportunity to become independent from parents and to feelings of guilt and obligation to return care to others (Lackie, 1983).

This paper argues that parentification is a useful concept for counselling psychologists to further explore. It is likely to inform understanding and practice with clients who are burdened with the responsibility of care for parents and families both as children and adults. Furthermore and just as importantly, it may provide a framework for considering individuals' motivations to train as counselling psychologists, how their own needs may be being met through their work and identifying potential difficulties that may be encountered as a result.

### **Parentification in Practice: Working with Jenny**

#### **Background**

I worked with Jenny in an adult mental health setting for thirty sessions, as limited by the agency. She referred herself in relation to overwhelming feelings of stress and inability to cope with issues in her family, personal and work life. Although in her late thirties, Jenny was living at home with her mother and younger sister. Her father died three years ago from a heart condition.

The eldest of four daughters, Jenny recalled feeling responsible for the care of her parents and younger sisters from an early age. She described both her parents as alcoholics. Consequently Jenny was left to manage the practical and emotional needs of the family, concerning herself with the family finances and the maintenance of daily living.

Jenny described her mother as ‘distant’ and ‘cold’ and did not recall her mother ever being interested in her, playing with her or taking her out. Instead she remembered her mother wanting to do her ‘own thing’. Jenny described her current relationship with her mother as difficult due to mother’s drinking. She told me that her mother and father did not have a good relationship and that she had felt responsible for keeping them together. When her mother periodically left the family home, it was Jenny’s role to persuade her to return.

Despite the limitations of the number of sessions available, we decided not to work with a cognitive behavioural approach. Jenny had received some cognitive-behavioural intervention three years earlier when her dad died. Although she had found this of some use, she now felt in a position to explore further how early experiences had impacted on her current relationships. I felt that Jenny showed a strong need for the distress in childhood to be heard and acknowledged, and ultimately for it to be integrated into a deeper understanding of herself and needs.

## **Assessment of Parentification and Formulation**

### ***Psychometric Scales***

A number of psychometric scales may be useful in assessing parentification. Most notably, the Parentification Questionnaire (Sessions & Jurkovic, 1986) requires individuals to report retrospectively about the level of practical and emotional care-giving that they were involved in before age sixteen. The Parentification Scale (Mika, Bergner and Baum, 1987) measures the level of care-giving in current relationships as a reflection

of earlier care-taking roles in the family. A review of such scales is beyond the scope of this paper and for more detailed descriptions see Jurkovic, Morrell and Thirkield (1999).

### ***Parentification Criteria and Profiles***

Practitioners working with parentified clients have also developed typical profiles that can be used to assess the level and kind of parentification a client has experienced. In my work with Jenny I referred to criteria formulated by Jurkovic, Morrell and Thirkield, (1999) in order to understand more about her difficulties and how we might work together. These are described below with illustrations from my work with Jenny.

- **Type of role assignment and level of support** can be used to assess the kind of care-taking carried out and the extent to which this is supported by adults in the family. Assuming some adult-like responsibilities may be beneficial to the child's healthy sense of belonging and usefulness but when this is unacknowledged and prolonged, the child's well being is likely to be damaged. Care-giving can be categorised as instrumental, referring to catering for practical needs, such as cooking, washing and expressive where emotional needs of the family are met, for example being the comforter, rescuer and peacemaker (Jurkovic, Jessee and Goglia, 1991). Expressive types of parentification are considered to be a greater threat to a child well being as it is less likely to be clearly defined or visible. Jenny gave numerous examples of both kinds of care-giving that were unsupervised and unsupported by adults in the family. As a child she recalled coming home from school only to then be sent out to buy food for dinner and

carry out other domestic chores. In addition it was Jenny who helped her sisters with their homework, mediated family disputes and supported her father when her mother left the family home.

- **Age appropriateness and extent of responsibility** need to be explored with the client to assess the degree to which responsibilities given exceeded abilities of the child. When children are assigned roles that are far beyond their years the attempt to fulfil them, means that developmentally appropriate needs to play, socialise, concentrate on school work and explore the world in a safe context have to be ignored. This can lead to deficits in later adult life such as in the areas of academic achievement and social competency (Berman and Sperling, 1991, Wolkin, 1984). Jenny described her role of carer in the family as a consistent feature of her early childhood and adult role in the family. Rather than being a short-term response to a family crisis, such as a bereavement or divorce, the role appeared to be well established and accepted by the family and Jenny herself as all pervasive. For example, at age 10 she was left at home alone to care for her three sisters, including shopping, cooking and putting them to bed. At 13 she was managing the family budget, having found a part-time job to help pay bills.
- **Object of concern and degree of internalisation.** Parentified clients typically present with concerns about the needs of others rather than themselves. Furthermore the caring role is enduring and self-defining such that other self-aspects are compromised. Being unable to help others may be the critical point at

which individuals come forward for therapy or reach a point of collapse. In Jenny's case the overwhelming feelings that prompted her to seek help related to an inability to cope with her mother's alcoholism, failed attempts to help her boyfriend with financial difficulties and inability to meet targets at work. Her perceived inability to help with these needs was experienced as threatening to Jenny who appeared to have constructed her identity and self-worth on the premise of caring for others.

Jenny felt neglected as a child by parents who had abdicated responsibility for her. She had therefore formed ideas about herself as having to take care of herself and to be responsible for others. Furthermore, she had learned to relate or stay connected to people via parenting or caring for them. Jenny described dynamics with her mother, boyfriend and friends in which occupied this role. She found it difficult to accept that another person could be interested in her without giving them something or helping them out and so feels that care for herself must be earned. In this way she saw her authentic self as shameful and unacceptable to others. Thus her 'selfish' needs to receive care and her 'shameful' feelings of resentment at having to do all the caring were split off and defended against. In relation to others, she described herself as strong and able to cope alone, and talked of her caring role as merely part of her identity that she 'should' not complain about. I observed these strategies as defending against strong emotions. As our relationship developed I saw her struggling to hide tearfulness and anger. As these emotions threatened to surface she would attempt to change the subject or to close the

session down. When she could resist them no longer, she chastised herself for losing control and being weak.

### **Therapeutic goals and intervention: the process of deparentification**

A deparentification framework for adult clients is outlined below (Glickauf-Hughes and Wells, 1995; Wells and Jones, 1999). From this perspective, progress is achieved through providing a reparative relationship with the client (REF). Through the process of transference, dysfunctional patterns of relating to the therapist are likely to be recreated but need to be responded to, and thus counteracted with appropriate care and nurturance which was absent from the original parental relationships. Within this context, the goals for therapy are to establish a working alliance, explore feelings of shame and the need for splitting and to work with prototypic projective identifications. The framework is outlined below illustrated by my work with Jenny.

#### ***Establishing a working alliance***

Developing a trusting relationships with parentified clients can be challenging. However, when clients allow relationship to deepen, opportunities to work with transference arise. Casting therapists in parental roles, clients are likely to fear that any real self expression will induce shaming or abandonment. Consequently, the counselling psychologist may be presented with a well-practiced denial of needs and an insistence that the client can cope alone. For example, Jenny was concerned that if she became distressed during the therapy, I would think she was weak and would end our work. Therefore in our early

sessions she presented herself as extremely confident and nonchalant about our relationship, a repetition of the dynamic between herself and her mother.

By acknowledging this transference process and offering alternative and nurturing responses the counselling psychologist can provide a therapeutic context, which does not repeat earlier damaging experiences, but provides an opportunity for the client to experience genuine care and attention. This can be accomplished by empathy, particularly acknowledging the difficulties that the client may have with being congruent for fear of rejection or abandonment. For example on two consecutive sessions I was delayed and used this to explore with Jenny her reactions to this and her fears of communicating anger and disappointment with me. Also staying attuned to clients, valuing the person rather than their function and showing them respect and mutuality are important in counteracting manipulative and inconsistent parenting.

### ***Exploring shame-based experiences***

Recent research shows that individuals who have been parentified are likely to experience feelings of shame about themselves (Wells and Jones, 2000). As the authentic self is rejected by parents, the child learns to stay in relationship with them by caring for their practical and emotional needs. Parentified children learn that their own needs and sense of selves are unacceptable and therefore must be denied. This is added to the fact that children assigned to looking after parents are placed in impossible roles, where they try but ultimately cannot make up for parents' own lack of care. In response to this shame about the self that is not accepted by parents and that cannot meet parents' needs, the

child develops a false self (Winnicott, 1965) or imposter identity (Castro, Jones and Mirsalimi, 2004). In this way the counselling psychologist may be faced with what seems to be an exemplary client or 'workaholic child' (Robinson, 1997). In all the time I worked with Jenny, she was never late and only missed one session. She worked hard inside and outside sessions.

Clients who feel shame over their real selves and who believe that they are bad at their cores need a safe enough environment to talk about shame based experiences where their feelings can be contained and validated by empathetic therapists (Kaufman 1989). During sessions with Jenny she recalled her mother telling her that she regretted having children and was able to engage with feelings of not being wanted and preventing her mother from being happy. Similarly, she recalled her father telling her off for being a pest and was able to connect with anger and sadness at feeling no matter how hard she tried, she could not please her parents.

### ***Observing and resisting defensive splitting***

Shameful feelings about the authentic self are likely to be defended against through the process of splitting. Research has identified narcissistic and masochistic forms of splitting that appear to be related to parentification (Wells and Jones 1998). In narcissistic splitting, when significant others are experienced as critical or unempathetic a grandiose self experience is activated and a devalued self-experience is projected on to others, thus enabling the individual to stay connected with an internal good object. This contrasts with masochistic splitting where the person over-idealises a significant other, usually mother

or father, and devalues the self as a means of explaining away mistreatment and maintaining the illusion that the other is good. Thus splitting serves to protect the parentified child (and later adult) from overwhelming feelings of badness about the 'true self' or the much needed other. In the therapeutic process with Jenny I observed that as she was able to accept differentiated ideas about her parents and specifically to engage with their lack of care for her, she became at her most distressed and out of control during sessions. At this point in the therapy she was able to focus more fully on herself and to explore core ideas about herself as being ultimately unloveable and alone.

Jenny used both forms of splitting. Sometimes I experienced her as hard and superior. At one point in the therapy she told me that she could easily do my job. At other times, the defense was masochistic, idealising her father and presenting herself as selfish, cruel and weak. The challenge for the counselling psychologist is to avoid being drawn into challenging personal dynamics and to become aware of when clients are keeping contradictory experiences apart by using defensive splitting. Clients can then be helped to observe these processes themselves and to explore what kind of feelings the defense is protecting, such as overwhelming feelings of disappointment or abandonment. Furthermore, the client can benefit from understanding the impact of splitting on their relationship with other people. In the case of Jenny she became aware that when she felt wounded by another person she tended to become hardened and overconfident, usually resulting in withdrawal by others who perceived her to be tough and able to care for herself, thus adding to her sense of isolation and hurt.

### ***Working with projective identification***

In this context projective identification occurs when clients recreate family parentification processes by re-enacting prototypic interactions with therapist. This can provide enormous insight into the client's experiences and if shared with the client can lead to understanding of defended aspects of the self. In my work with Jenny I felt that I was cast into the role of her mother who might reject her at any moment and demanded that she was strong and hardworking. Projective identification can also be useful in gaining insight into the client's cut off or unwanted states that again can be shared and worked through with the client. When I alerted Jenny to the last five minutes of the session, I would often feel a sense of being shut out in the cold, of being unappreciated and used. As our sessions progressed and I was able to share my feelings with her, she was able to claim these feelings as her own in the face of critical and demanding parents.

In summary the de-parentifying process described above can be seen in accomplishing the following therapeutic tasks (Bying-Hall, 2002). Firstly counselling needs to be aimed at facilitating the client's visibility by acknowledging the parentified child's work and the emotional burden and internalised shame that this has entailed. In a containing therapeutic relationship the client can experience strong emotions associated with disappointments with parents and loss of childhood. By observing and resisting defensive processes the client can be helped to identify and accept an authentic self and achieve separateness and autonomy, learning to be guided by the needs of the self rather than the needs of others. By the end of our work, Jenny had moved out of the family home, ended

a relationship with her boyfriend in which her needs were not attended to and started to care for herself by seeking support from her sisters and friends.

### **The meeting of parentified children: pitfalls and conflicts**

The aim of this section is to raise awareness of the possible difficulties of working with this process that may arise for counselling psychologists who have themselves experienced parentification. A central notion of the deparentification process described above is the corrective re-parenting process. However, given literature that shows those in caring professions such as counselling psychology to report less good parenting than those in non-caring professions (e.g. DiCaccavo, 2002) this is likely to be very challenging. Reeves (1999) argues that the therapists who have not worked through their own parentification, may be limited to intellectually re-parenting the 'child' before them as they too are defended against their own authenticity and sense of loss. She further argues that there is also the danger of using the overt expression of distress of a parentified client, to cathect a parentified therapist's covert feeling. With no practiced authentic emotional voice of their own, therapists are at risk of inserting their own unarticulated feelings into a client's articulated emotional suffering.

In addition to boundary confusion there is also the danger of repeating the client's relationship patterns through the process of collusion. The false self that the parentified client is likely to present in therapy is likely to be the good child, who is eager to please and in some cases care for the therapist. This opens up the possibilities of allowing the client to make up for the counselling psychologist's own lack of parenting. The

parentified client, keenly attuned to the needs of others, may provoke in the counselling psychologist a dilemma about whether to disclose similar experiences and personal details that other clients have not. The client may also be parentified in therapy by being used to live the counselling psychologist's dream, 'you do what I could not'. So again the parentified client makes up for the parent or in this case parentified therapist's losses by becoming someone who the therapist cannot, i.e. an individual who does not have to help others to stay in relationship and can respond to their own needs outside the restrictions of others.

As the counselling psychologist connects with the experiences of the parentified client, which may be all too similar to his or her own, the personal distress provoked may extend beyond that felt in therapy with other clients. At the same time, as a result of neglectful parenting the parentified client is likely to require a high level of containment from the counselling psychologist. This may be a particularly demanding task for parentified counselling psychologists who have poor experience of containment in their own family histories. Therefore the need for good containing supervision is crucial for the safety of both therapist and client. However, there is the danger of the counselling psychologist who has not explored her own parentification to go on compulsively caring for the client without asking for more help and support. This raises the final point which is to wonder how counselling psychologists, without having worked through their own issues related to focusing on the needs of others rather than themselves, can facilitate a parentified child to find a healthy balance between self and other.

It seems important then as part of counselling psychology training and development for counselling psychologists to reflect on their own family issues, specifically their choice of caring as a profession and how their needs are served through this (DiCaccavo, 2002). Yet again, these difficulties raised in this section point to the importance of personal therapy as a compulsory component of professional training in counselling psychology and the need to develop an openness to vulnerabilities than can be explored in a containing environment (Lackie, 1983).

### **Summary**

Theories of parentification are useful in conceptualising and intervening with a range of client difficulties. Acknowledgement of this intergenerational process presents a way of breaking dysfunctional cycles for clients and their families. Having worked through their own family experiences, parentified counselling psychologists are likely to be able to provide deep empathy for the client's lost childhood. Unacknowledged and unsupported though, the therapist risks repeating dysfunctional relationship patterns and further harming the client. The ultimate goal in the de-parentification process is to activate real self experiences that have been buried in a family system that required the child to accommodate to and service the needs of parents. As individuals learn empathy for shamed identities, they can be helped to form relationships with others that do not require submission or self-aggrandisement but are formed on mutuality and respect.

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Note. The client's name and other identifying details have been changed and in some cases omitted to protect anonymity.