



Parentification and Its Impact on Resilience and Attachment Styles

*A Dissertation Submitted in Partial Fulfillment of the Requirements for the master's degree
in Applied Psychology*

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Abstract

The present dissertation investigates the long-term effects of childhood parentification—both emotional and instrumental—on adult resilience levels and the development of various attachment styles. Embracing a family systems theory perspective, this study quantitatively examines adults with documented histories of childhood parentification from diverse backgrounds. Standardized questionnaires and validated attachment style assessment tools were employed to measure dependent variables, while demographic and parental role reversal data were collected to assess the independent variable. Data were processed using SPSS software, and analyses integrated attachment theory with family systems theory to provide a comprehensive understanding of both the positive and negative outcomes associated with early parent-child role reversals.

Findings suggest a complex interplay between parentification experiences and resilience outcomes in adulthood. While certain individuals demonstrated heightened adaptive coping and emotional maturity, others revealed increased risks for insecure attachment styles, particularly anxious and disorganized patterns. The study underscores the necessity for nuanced therapeutic strategies and family-based interventions that address the multifaceted impact of parentification. Implications for future research and clinical practice are discussed.

Keywords: Parentification, Resilience, Attachment Styles, Family Systems Theory, Quantitative Research, SPSS

Parentification: An In-Depth Typological and Theoretical Exploration

Parentification is a multifaceted construct with diverse manifestations that warrant detailed typological classification. Over the decades, researchers and clinicians have attempted to parse its layers in order to differentiate between developmental trauma and culturally normative family dynamics. A deeper look at its types and theoretical underpinnings reveals the complex psychosocial terrain that children navigate when placed in caregiving roles. Parentification is a rolereversal phenomenon in which a child is placed in a caregiving position that is developmentally inappropriate and typically reserved for the parent or adult (Boszormenyi-Nagy & Spark, 1973; Jurkovic, 1997). It involves a breakdown in familial boundaries, wherein the child assumes responsibilities—either emotional or instrumental—that exceed their age and maturity level. This reversal is often driven by parental incapacity, neglect, dysfunction, or external stressors, such as illness, addiction, mental health issues, or economic hardship.

At its core, parentification reflects an imbalance of power, responsibility, and emotional reciprocity within the family system. The child may become a surrogate spouse, confidant, mediator, or caretaker, suppressing their own needs in favor of maintaining familial stability. This caregiving can be consistent or situational, overt or subtle, and may go unrecognized by both the family and the individual involved.

Types of Parentification

Emotional Parentification

Emotional parentification is characterized by the child assuming the emotional support responsibilities of a parent. This often occurs in families with emotionally unavailable, mentally ill, substance-dependent, or traumatized caregivers. Children may serve as confidants, mediators during parental conflict, or emotional regulators for distressed parents. The demands of emotional parentification are often covert and psychologically burdensome, as the child must suppress their own needs to maintain family stability (Chase, 1999; Hooper, 2007).

Attachment Disruption: Emotional parentification is strongly associated with insecure attachment styles, particularly anxious and preoccupied forms, due to the lack of a consistent, responsive caregiver (Byng-Hall, 2008).

Mental Health Risks: Numerous studies have linked emotional parentification to elevated levels of depression, anxiety, low self-worth, and difficulties in emotional regulation (Jurkovic, 1997; Earley & Cushway, 2002).

Relational Struggles: Emotionally parentified individuals may become over-functioning in adult relationships, constantly putting others' needs before their own and fearing abandonment if they do not perform caretaking roles.

Instrumental Parentification

Instrumental parentification refers to tangible caregiving tasks such as cooking, cleaning, managing finances, or providing care to younger siblings. While it may seem less invasive than emotional parentification, instrumental caregiving can also impede a child's developmental progress when it becomes a sustained or primary expectation. These children often struggle to balance responsibilities with peer relationships and academic obligations (Jurkovic, 1997).

Positive Outcomes: Some research (e.g., East, 2010) suggests that moderate levels of instrumental parentification can foster competence, resilience, and a strong work ethic, especially when the caregiving is recognized and appreciated by the family.

Negative Outcomes: However, when such responsibilities are excessive, prolonged, and accompanied by a lack of adult support, children may experience role confusion, academic disruption, and developmental arrest, particularly in social and emotional domains (Jurkovic, 1997; Hooper, 2007).

Role-Based Typologies

According to Boszormenyi-Nagy and Spark (1973), the reversal of family roles can be classified as:

Spousification: where the child takes on the role of a spouse or partner to the parent.

Parent-focused: where the child cares directly for the parent's emotional or physical well-being.

Sibling-focused: where the child assumes a parental role to their siblings, often in large families or single-parent households.

Global parentification: involving both emotional and instrumental dimensions across all family relationships.

Temporal Typologies

Acute Parentification: Temporary caregiving due to short-term stressors such as illness or financial instability.

Chronic Parentification: Long-standing caregiving roles that become normalized and entrenched in the family structure.

Situational Parentification: Emerges in response to context-specific events such as divorce, bereavement, or migration.

Perceived vs. Actual Parentification

Hooper (2007) introduced the concept of perceived parentification, emphasizing the subjective interpretation of caregiving roles. Two children in the same household might interpret their caregiving responsibilities differently, with one internalizing the burden as traumatic while the other views it as meaningful or rewarding.

Cultural and Ethical Parentification

Some frameworks distinguish between destructive parentification and constructive parentification, wherein the latter refers to caregiving experiences that are developmentally enriching when culturally sanctioned, appreciated, and developmentally appropriate (Jurkovic et al., 2001).

Resilience

Resilience, once conceptualized as a personality trait or exceptional quality, has undergone significant theoretical evolution. Today, it is considered a process encompassing multiple systems that interact to foster adaptive functioning in the face of adversity. The concept of resilience is particularly relevant in the study of parentified children, whose psychosocial outcomes vary dramatically depending on the nature of their roles and the presence of supportive contexts.

Theoretical Models of Resilience

Compensatory Model (Garmezy et al., 1984)

This model suggests that protective factors (e.g., intelligence, social competence) independently offset the negative impact of risk exposure. In the context of parentification, a child with strong cognitive skills or an external mentor may develop healthy functioning despite chronic role reversal.

Challenge Model (Fergus & Zimmerman, 2005)

The challenge model posits that moderate stress can strengthen coping skills if the challenge is within the child's capacity. Temporary or developmentally appropriate parentification might promote self-efficacy, empathy, and responsibility under this model.

Protective Factor Model (Rutter, 1987)

Resilience arises from protective mechanisms that buffer against specific risks. For parentified children, these may include stable schooling, emotionally attuned extended family members, or access to therapy.

Person-Environment Transactional Model (Sameroff, 2000)

This model emphasizes the dynamic transactions between individuals and their environments. A child's resilience is shaped not only by intrapersonal strengths but also by evolving interactions with caregivers, institutions, and peer networks. For a parentified child, even minor shifts in environmental support can profoundly impact their developmental trajectory.

A multi-systemic model wherein resilience results from interactions across the microsystem (family, school), mesosystem (connections between microsystems), exosystem (community, parents' workplace), and macrosystem (culture, social policies). This theory provides a framework for understanding how societal norms, such as cultural expectations of filial duty, intersect with parentification.

Types of Resilience

Trait-Based Resilience

Although increasingly criticized, some models still explore resilience as a stable personality trait, emphasizing characteristics like optimism, autonomy, and perseverance.

State-Based Resilience

This situational form of resilience reflects temporary coping abilities in response to specific adversities. A child may appear highly functional during family crises but experience delayed emotional consequences.

Developmental Resilience

The ability to maintain or regain developmental milestones despite adversity. In parentified youth, this may involve navigating academic success, peer relationships, or identity formation while managing household burdens.

Social and Interpersonal Resilience

Derived from supportive relationships with mentors, teachers, or non-parental adults. This form is critical for parentified children, who often lack consistent parental nurturance.

Cultural Resilience

Grounded in ethnic, spiritual, or community traditions that promote meaning-making, collective responsibility, and continuity. This type may buffer the effects of parentification in collectivist cultures.

Narrative Resilience

A relatively new conceptualization referring to the ability to reframe one's life story in empowering terms. Therapeutic interventions often focus on cultivating narrative resilience to help individuals reinterpret painful caregiving roles.

Attachment: Expanding Theory and Typologies

Attachment theory remains one of the most influential frameworks in developmental psychology, especially relevant for understanding how early caregiving dynamics affect long-term relational functioning.

Classical Attachment Theories

Bowlby's Attachment Theory (1969, 1982)

Bowlby posited that children are biologically predisposed to form attachments with caregivers to ensure survival. Disruptions in these attachments—especially when caregivers are emotionally unavailable—lead to the development of maladaptive internal working models (IWMs).

Ainsworth's Attachment Styles (1978)

Through the Strange Situation protocol, Ainsworth identified:

Secure Attachment: Child feels safe and explores the environment; distressed at separation and soothed upon reunion.

Insecure-Avoidant: Child avoids proximity with the caregiver, reflecting emotional suppression and self-reliance.

Insecure-Ambivalent: Clingy and resistant behavior due to inconsistent caregiving.

Disorganized Attachment (Main & Solomon, 1990): Erratic behavior due to fear or trauma associated with the caregiver.

Expanded Adult Attachment Models

Bartholomew & Horowitz's Four-Category Model (1991)

Secure: Positive self and other.

Preoccupied: Negative self, positive other; often found in parentified individuals seeking external validation.

Dismissive-Avoidant: Positive self, negative other; emotionally withdrawn individuals.

Fearful-Avoidant: Negative self and other; associated with trauma histories.

Earned Secure Attachment

Adults who initially formed insecure attachments but developed secure models through therapy or corrective relationships. This construct is highly relevant for formerly parentified individuals seeking relational healing.

Attachment and Affect Regulation (Fonagy et al., 2002)

Mentalization-based models emphasize how secure attachment supports the development of affect regulation and reflective functioning. Parentified children often have compromised capacities in these domains due to early emotional suppression.

Family Systems Theory

Historical Background and Foundational Concepts

Family Systems Theory (FST), developed primarily by Murray Bowen in the mid-20th century, represents a paradigm shift in understanding individual psychological functioning within the context of familial interdependence rather than in isolation (Bowen, 1978). Rooted in general systems theory and cybernetics, FST posits that the family is a complex, organized emotional unit—an interconnected system where each member's behaviors and emotions influence and are influenced by others. The theory emerged as a response to reductionist views in psychology and medicine that traditionally isolated the individual from their relational environments (Goldenberg & Goldenberg, 2013).

At its core, Family Systems Theory assumes that patterns of interaction within the family system shape the emotional and psychological development of each member. It challenges the linear model of causality (i.e., A causes B), instead adopting a circular causality perspective. That is, behaviors are both cause and effect within dynamic feedback loops.

Bowen (1978) argued that understanding the family as a system allows for more nuanced approaches to developmental struggles, psychopathology, and relational distress. In this framework, symptoms presented by an individual—such as anxiety, depression, or behavioral issues—are not viewed solely as personal deficits but as manifestations of dysfunction within the family system.

Differentiation of Self

One of the foundational principles in Bowen's theory is the concept of differentiation, which refers to an individual's ability to separate their own intellectual and emotional functioning from that of their family. Individuals with low differentiation are more likely to become emotionally fused with others and are more reactive to relational stress. In the context of parentification, children often develop a pseudo-mature differentiation—they seem self-reliant but lack emotional autonomy because they are overly attuned and reactive to family needs (Hooper, 2007).

Emotional Triangles

Emotional triangles are the smallest stable relationship systems and emerge when two people in conflict involve a third person to reduce anxiety. While triangles stabilize relationships, they also often perpetuate dysfunction. A parentified child may become the third point in a triangle between conflicting parents, serving as a mediator or emotional caretaker, thereby absorbing familial tension (Chase, 1999).

Nuclear Family Emotional System

This concept explains four basic relationship patterns that govern where problems may develop in a family: (a) marital conflict, (b) dysfunction in one spouse, (c) impairment of one or more children, and (d) emotional distance. Parentification often occurs within the third pattern, where a child becomes over-functioning to compensate for an underfunctioning or emotionally unavailable parent.

Family Projection Process

This process describes how parents transmit their emotional issues to their children. Parentified children often bear the burden of parental anxiety, loneliness, or unfulfilled needs. This not only impairs the child's own emotional development but also propagates intergenerational patterns of dysfunction (Jurkovic, 1997).

Multigenerational Transmission Process

Dysfunctional emotional patterns, including those involving role reversal and parentification, are often transmitted across generations. Bowen emphasized how unresolved emotional attachments to family members in prior generations can shape the dynamics of current relationships.

Sibling Position

Based on Walter Toman's research, Bowen suggested that sibling roles impact personality development and relational styles. In parentified dynamics, the eldest child is often most at risk, particularly if the family system confers caretaking responsibilities prematurely due to birth order expectations.

Emotional Cutoff

Emotional cutoff refers to managing unresolved familial tension by reducing or cutting off emotional contact. While this may seem like an adaptive strategy, it typically leads to increased emotional reactivity in other relationships. Parentified children often struggle with emotional cutoff because their identity is enmeshed with their caregiving role.

Therapeutic Perspectives on Parentification

Parentification is a complex psychological experience that can have significant emotional and developmental implications for children and adults alike. Therapeutically, understanding and addressing the effects of parentification is essential to help individuals process their experiences, recover from emotional wounds, and rebuild healthier interpersonal relationships. This section explores various therapeutic perspectives and interventions that are used to address parentification, focusing on both the treatment of individuals who were parentified and the interventions for their families.

Trauma-Informed Therapy

Parentification often occurs in the context of dysfunctional family dynamics, and its effects can be likened to those of emotional trauma. Trauma-informed therapy acknowledges that parentified individuals may experience deep emotional wounds, which can manifest in various symptoms, including anxiety, depression, PTSD, and attachment difficulties. A trauma-informed approach emphasizes the need for safety, empowerment, and healing in therapy.

Safety and Trust: The first step in trauma-informed therapy is ensuring the individual feels safe and understood. For many parentified individuals, this might be their first experience with being seen and heard without judgment. This therapeutic alliance is built on trust and a recognition of the person's inherent worth, which may have been undermined by their parentification experience.

Empowerment and Control: A key component of trauma-informed therapy is helping the individual regain a sense of control over their own life. Parentified individuals often had little control over the roles they were forced to adopt as children. Therapy aims to give them the tools to reclaim agency over their emotions, behaviors, and relationships.

Healing Emotional Wounds: Trauma-informed therapy works to address the emotional wounds caused by the burden of responsibility placed on the child. By helping clients process past trauma in a safe space, therapists can facilitate emotional healing. This may involve exploring painful memories, acknowledging suppressed emotions, and learning to grieve unexpressed childhood needs.

Cognitive Behavioral Therapy (CBT): CBT helps individuals identify and challenge distorted thoughts and behaviors related to their parentification experience, such as feelings of guilt, shame, or a sense of worthlessness. It provides tools for restructuring negative thinking patterns and improving emotional regulation.

Dialectical Behavior Therapy (DBT): DBT is especially useful in helping individuals manage intense emotions and develop healthier coping mechanisms. DBT incorporates mindfulness techniques to help individuals stay present, address emotional dysregulation, and tolerate distress without resorting to unhealthy behaviors.

Somatic Experiencing: A form of body-focused therapy, Somatic Experiencing helps individuals reconnect with their physical selves. This modality recognizes that trauma can manifest in the body, and by releasing pent-up physical tension, individuals can process emotional experiences that might have been suppressed.

Attachment-Based Therapy

Parentification often interferes with the development of secure attachment, which is critical for healthy emotional development. Attachment-based therapy focuses on repairing attachment disruptions that may have been caused by the parentification process. This therapeutic perspective draws on John Bowlby's attachment theory (1969) and Mary Ainsworth's work (1978), which emphasize the importance of a secure attachment figure in early childhood.

Attachment Repair: In the context of parentification, attachment-based therapy works to repair the broken bonds between the individual and their caregivers. Parentified children often experience disrupted attachment with their parents, and as adults, they may struggle to form secure relationships. Therapy aims to help the individual develop healthier, more secure attachments by exploring their attachment history and working through unresolved emotional issues with caregivers.

Safe Emotional Expression: One of the key goals of attachment-based therapy is creating a safe environment for emotional expression. Parentified children often suppress their emotions to meet the needs of their parents, leading to difficulties in expressing vulnerability and seeking support in relationships. Therapy helps individuals re-learn how to express their emotions in a healthy, constructive way, thus fostering secure attachment patterns in their future relationships.

Intergenerational Healing: Attachment-based therapy may also focus on understanding how family dynamics have contributed to parentification and attachment disruptions. Through the therapeutic process, individuals can break generational patterns of dysfunctional caregiving, learning how to parent their children differently or re-establish healthier adultchild relationships.

Emotionally Focused Therapy (EFT): EFT is a structured approach that focuses on the emotional bonds between individuals and helps repair attachment injuries. EFT is particularly helpful for parentified individuals who struggle with emotional vulnerability in relationships.

Mentalization-Based Treatment (MBT): MBT helps individuals improve their capacity to understand and interpret their own and others' emotions and intentions. For parentified individuals, MBT can help repair attachment difficulties by fostering a better understanding of their own emotional needs and learning to navigate interpersonal relationships with empathy.

Family Systems Therapy

Family Systems Therapy, rooted in the work of Murray Bowen (1976) and others, posits that the family is an interconnected system, and issues in one family member's emotional state can affect the entire system. Parentification can be seen as a symptom of dysfunctional family dynamics, and Family Systems Therapy addresses these systemic patterns that contribute to the parentification process.

Identifying Dysfunctional Roles: Family Systems Therapy focuses on identifying the roles that individuals assume within the family system, including the role of the parentified child. By exploring how the family system functions and the unspoken rules that govern it, therapy helps individuals recognize and alter unhealthy family dynamics.

Addressing Parental Dysfunction: Often, parentification occurs because the parent is emotionally unavailable, abusive, or struggling with mental health issues. Family Systems Therapy works to address these underlying issues in the parents or caregivers, providing them with the necessary tools to become more emotionally available and supportive.

Rebalancing Family Roles: One of the main therapeutic goals in Family Systems Therapy is to rebalance the family system by redefining roles and responsibilities. The parentified child needs to re-establish appropriate boundaries and regain their rightful place within the family, free from undue responsibility.

Increasing Family Communication: Poor communication is often a hallmark of dysfunctional family systems. Family Systems Therapy encourages open communication among family members, enabling them to discuss difficult issues, express their needs, and work toward healthier patterns of interaction.

Structural Family Therapy (SFT): SFT, developed by Salvador Minuchin (1974), works to change the structural organization of the family system. In cases of parentification, SFT aims to restructure family roles and redefine boundaries, ensuring that children are not burdened with adult responsibilities.

Bowenian Family Therapy: Bowen's approach emphasizes the importance of understanding family history and intergenerational patterns. In the case of parentification, Bowenian therapy helps individuals understand how emotional patterns and roles have been passed down through generations and how these patterns can be changed.

Narrative Therapy

Narrative Therapy, developed by Michael White and David Epston (1990), focuses on the power of storytelling in shaping identity and understanding personal experiences. Parentified individuals often internalize negative beliefs about themselves based on their experiences. Narrative Therapy helps them reframe their story and break free from the constraints of these limiting narratives.

Externalizing the Problem: In Narrative Therapy, the problem (e.g., parentification) is viewed as separate from the person. This helps individuals avoid self-blame and see the issue as something that can be addressed and changed. The therapeutic process involves reauthoring the individual's story to emphasize strength, resilience, and the capacity for change.

Reclaiming Identity: Parentified individuals often struggle with a diminished sense of self, as they have been conditioned to prioritize others' needs. Narrative Therapy helps individuals reclaim their identity by exploring their strengths, desires, and values, and creating a new narrative that reflects their true self.

Rewriting Family Stories: Parentified individuals often carry a narrative of being the "responsible one" or the "caretaker" in the family. Narrative Therapy provides an opportunity to rewrite these family stories and explore alternative narratives that emphasize agency, independence, and emotional well-being.

Psychodynamic Therapy

Psychodynamic Therapy, rooted in the theories of Sigmund Freud and later expanded by others, explores unconscious processes and early childhood experiences that shape an individual's behavior and emotional responses. Parentification is often tied to early childhood experiences of emotional neglect, and psychodynamic therapy aims to explore these unconscious patterns.

Exploring Childhood Trauma: Psychodynamic therapy focuses on uncovering the root causes of psychological distress by exploring early childhood experiences. For parentified individuals, this includes examining the ways in which their caregiving roles shaped their sense of self and their relationships with others.

Transference and Countertransference: In psychodynamic therapy, the therapist may experience transference (the projection of the client's unresolved feelings onto the therapist) and countertransference (the therapist's emotional response to the client). These dynamics can provide valuable insights into the ways that parentified individuals process their emotions and relationships.

Working through Unresolved Conflict: Psychodynamic therapy helps individuals work through unresolved conflicts related to parentification, including feelings of anger, guilt, and resentment toward caregivers. By confronting and processing these emotions, individuals can achieve greater emotional freedom and maturity.

Traditional Gender Expectations and Parentification

Traditional gender roles often define specific caregiving roles for boys and girls within families. Girls are typically expected to take on more emotional caregiving and domestic roles, while boys might be tasked with more instrumental responsibilities, such as financial support or physical labor. However, the ways in which these roles manifest in the context of parentification can differ, as boys and girls may be expected to fulfill different types of parentified roles, even within the same family structure.

In many cultures, girls are socialized to be nurturers and caregivers. This societal expectation is deeply embedded in family systems and can lead to emotional parentification, where girls assume the role of an emotional support system for their parents or siblings. This type of parentification often manifests as girls acting as the confidante for an emotionally needy parent, particularly in situations where the mother or father is emotionally unavailable, overwhelmed, or psychologically distressed. The girl might be required to listen to parental struggles, provide emotional support, or manage conflicts within the family.

Emotional parentification of girls can also involve being expected to take on the role of the “peacemaker” or mediator, attempting to resolve family conflicts, and facilitating communication between other family members. This role can lead to significant emotional distress, as girls may struggle to understand their own emotions while constantly being expected to manage others’ feelings. Over time, this can result in anxiety, depression, and difficulties with forming healthy relationships, as girls may grow up feeling responsible for others’ emotional well-being.

While girls may often experience emotional parentification, boys are more likely to experience instrumental parentification, where they are tasked with taking on responsibilities typically associated with adult roles, such as financial support, protection of the family, or caregiving for younger siblings. Boys, particularly first-borns, might be expected to assist in household tasks or to provide physical support when parents are unavailable due to illness, work, or emotional distress.

In some family systems, especially where the father is absent or disengaged, boys may be pushed to take on a more paternal role, including being emotionally and financially responsible for the family. This type of instrumental parentification can create significant stress for boys, as they might feel burdened by expectations of masculinity and strength, which may prevent them from expressing their own vulnerabilities or seeking support for themselves.

While societal expectations for boys often discourage the expression of emotion, the emotional toll of instrumental parentification can lead to internalized stress, difficulties in forming healthy relationships, and a tendency to suppress emotions, resulting in issues with emotional regulation later in life.

Parentification in Non-Traditional Gender Roles

As gender roles evolve and more families embrace non-traditional gender dynamics, the experiences of parentification may shift. In families with non-binary or transgender parents or children, traditional gender roles may be less rigid, allowing for a more flexible distribution of roles and responsibilities. However, non-traditional gender roles can also complicate parentification dynamics. For instance, in families with a same-sex couple or transgender parents, the child may still experience parentification, but the expectations placed on them may differ from those seen in traditional heteronormative family structures. For example, a child may be expected to provide emotional support to a parent dealing with issues related to gender identity, or they may take on household duties typically associated with the opposite gender. These families may struggle with navigating how gender roles influence parentification, especially in societies where there are still significant stigmas and stereotypes surrounding non-traditional **gender expressions**.

Cultural Influences on Gender and Parentification

Cultural values and norms heavily influence how gender roles manifest in the context of parentification. In collectivist cultures, for example, there is often an emphasis on family unity and interdependence, which can lead to children of both genders being parentified to a certain degree.

However, gendered expectations within these cultures often reinforce traditional roles, with girls being expected to be caregivers and boys being tasked with providing for the family.

In contrast, in more individualistic cultures, children may be parentified due to individual family stressors, such as divorce, illness, or financial hardship. However, gender norms still influence the way the parentification process unfolds, with girls more likely to be tasked with managing emotional needs and boys with practical or financial tasks. It is important to note that the intersection of gender and parentification is not universally experienced across all cultures or families. For example, in some cultures, boys may be expected to demonstrate emotional maturity and provide emotional support to their mothers or siblings, challenging the traditional notion that girls are the primary emotional caregivers.

Impact of Gendered Parentification on Mental Health

Gendered parentification can have a significant impact on a child's mental health and development. Girls who are emotionally parentified often experience higher rates of anxiety, depression, and relationship difficulties. The emotional labor required in these roles can lead to the development of maladaptive coping strategies, such as emotional suppression, difficulty with self-care, and challenges in setting healthy boundaries. Boys who experience instrumental parentification may struggle with emotional expression, as societal norms often discourage vulnerability in men. This can lead to emotional repression, difficulty in forming close, intimate relationships, and heightened levels of stress. Additionally, instrumental parentification can lead to feelings of inadequacy or failure, particularly if the child is unable to fulfill the role expected of them. The combination of gendered expectations and parentification can create lasting consequences for both boys and girls. The burden of parentification, when coupled with gendered roles that restrict emotional expression, can lead to significant difficulties with identity formation, emotional regulation, and relationship dynamics as these children transition into adulthood.

Gender-Specific Coping Strategies

To cope with the stressors of parentification, boys and girls may develop gender-specific coping mechanisms. For instance, girls who are emotionally parentified may become hyper-aware of others' emotional needs and may prioritize caregiving to others at the expense of their own wellbeing. These girls may also internalize guilt, feeling that they are failing their parents or family members if they do not take on the emotional labor expected of them. Boys who experience instrumental parentification may respond by distancing themselves emotionally from the family, adopting a "stoic" attitude, and avoiding vulnerability. This coping mechanism may prevent them from seeking help or emotional support when needed, contributing to a cycle of emotional repression. Understanding the gendered dynamics of parentification is essential for therapists, counselors, and mental health professionals in order to provide appropriate support for individuals affected by these experiences. Interventions must account for the gendered nature of parentification and help children and adults navigate the emotional toll of these roles.

Impacts of Parentification Across the Lifespan

Parentification is a significant experience in the developmental trajectory of children who assume roles and responsibilities beyond their age, often due to parental incapacity, illness, substance abuse, or emotional distress. While parentification can affect a child's development in the short term, its impacts can extend throughout the lifespan, shaping various aspects of personal, emotional, and social functioning. This section explores the long-term and life-course impacts of parentification, including how it influences an individual's mental health, relationships, identity, and coping strategies as they transition into adulthood.

Childhood and Early Adolescence

In childhood and early adolescence, parentification disrupts typical developmental processes by requiring children to adopt roles traditionally held by adults. This can lead to both immediate and long-term consequences, depending on the degree of parentification experienced and the family context.

Emotional and Psychological Effects:

Parentified children often develop higher levels of anxiety, depression, and stress. They may experience emotional burnout due to the constant demands placed on them to care for others or manage family issues. For example, a child who assumes the role of emotional caretaker for a parent might struggle with their own emotional regulation, as they are not given the space to process their own feelings or needs. They may also experience feelings of guilt or shame when unable to meet the unrealistic expectations placed upon them, leading to low self-esteem and feelings of inadequacy.

Cognitive and Social Development:

Parentified children may struggle with age-appropriate peer interactions. The emotional burden they carry may prevent them from engaging in typical childhood activities like play, socializing, or exploring hobbies. This premature assumption of responsibility can stunt their social development, making it difficult to develop a sense of trust, intimacy, and reciprocity in relationships. In turn, these children may struggle with establishing friendships and experiencing the benefits of age-appropriate social learning.

Academic Struggles:

The cognitive demands placed on parentified children often affect their academic performance. Being tasked with adult-like responsibilities may result in poor concentration, inability to focus, and decreased academic engagement. Parentified children may be preoccupied with family stressors, making it difficult for them to excel in school or engage fully in their educational experience.

Adolescence and Emerging Adulthood

Adolescence is a critical stage of identity development and the establishment of independence from parental figures. However, for children who have experienced parentification, this stage is often complicated by their role in the family system. The persistence of parentified behaviors during adolescence can disrupt the healthy development of autonomy and self-identity.

Struggles with Independence and Autonomy:

Parentified adolescents often face difficulty transitioning into adulthood due to the strong sense of responsibility they developed in childhood. They may resist separating from their family system or may have a hard time establishing healthy boundaries. Their sense of self is often enmeshed with the needs of the family, making it difficult to explore personal desires or engage in the process of individuation that is typical during adolescence and early adulthood. The individual's focus on meeting others' needs may prevent them from pursuing personal goals or educational and career aspirations, as they feel obligated to continue providing care or emotional support to family members. This can lead to a lack of autonomy and a delayed entry into adult roles, as the individual remains tied to the responsibilities they took on as a child.

Relationship Difficulties:

Parentification in adolescence can result in difficulties with intimacy and relationships. Adolescents who have assumed parental roles often carry the expectation that they must be the caregivers or “fixers” in their romantic relationships. They may gravitate toward partners who need emotional support or care, mirroring the dynamic they had with their parent. Alternatively, they may be wary of vulnerability or intimacy, as their own needs were neglected during childhood. This pattern of behavior can lead to dysfunctional relationship dynamics, characterized by imbalanced roles, dependency, or avoidance.

Increased Risk of Mental Health Issues:

Adolescents who experience parentification are at higher risk for developing mental health disorders such as depression, anxiety, and PTSD. The persistent stress of taking on adult roles can cause emotional dysregulation and contribute to long-term issues with emotional intimacy and trust. Feelings of abandonment or rejection

may arise if these adolescents do not feel supported in their personal development or if their emotional needs continue to be neglected.

Adulthood:

As individuals transition into adulthood, the long-lasting impacts of parentification can become even more pronounced. Many of the patterns developed in childhood and adolescence continue to shape an individual's psychological well-being, relationships, and ability to function in adult roles.

Difficulty with Parenting:

Adults who were parentified as children may have difficulty navigating parenthood themselves. They may struggle with balancing caregiving responsibilities for their children while managing their own emotional needs. The cycle of parentification can repeat, as individuals who were parentified in childhood may unknowingly or unconsciously expect their children to take on roles that are developmentally inappropriate. This can perpetuate a cycle of parentification across generations, with the child becoming the caregiver in their own family system.

Conversely, some parentified adults may overcompensate for their own childhood experiences and strive to protect their children from any emotional or instrumental burdens. This may lead to either over-involvement or neglect, depending on how the individual reacts to their own experiences of being parentified.

Challenges with Emotional Regulation and Self-Care:

Adults who experienced parentification often have difficulty managing their own emotional needs. The experience of being responsible for others from a young age may lead to emotional neglect of their own feelings, causing difficulties in self-care and emotional self-awareness. Parentified adults may struggle to express their emotions or may bottle up their feelings until they explode in unhealthy ways. They may also have difficulty identifying and asserting their own needs, prioritizing others' needs over their own.

Impact on Relationships and Intimacy:

The inability to form healthy boundaries or to trust others can create significant challenges in adult relationships. Parentified individuals may fear abandonment, as they were often left to fend for themselves in childhood, or they may feel overly responsible for the well-being of others. In romantic relationships, this may manifest as overcompensating or assuming a caretaker role, which can create imbalances and unrealistic expectations. Alternatively, they may avoid intimacy altogether, fearing vulnerability or the emotional demands of relationships.

Additionally, the parentified adult may experience heightened levels of guilt or shame if they do not live up to the expectations of others. The inability to nurture themselves or set healthy boundaries can lead to burnout, relationship dissatisfaction, and isolation.

Career and Life Satisfaction:

The experience of parentification can impact career and life satisfaction in adulthood. Parentified individuals may feel compelled to take on roles that involve caregiving or helping others, often at the expense of pursuing their own aspirations. Alternatively, they may avoid careers that demand emotional involvement, fearing that they will be overwhelmed or unable to manage the emotional demands. The pressure to take care of others, coupled with feelings of inadequacy or resentment, may hinder career development and overall life satisfaction.

Late Adulthood:

The legacy of parentification may continue into late adulthood, with older individuals carrying unresolved emotional and relational issues from their earlier experiences. As parents age, individuals who were parentified may feel the need to continue providing care, whether emotional or instrumental, often neglecting their own needs in the process.

Caregiver Burden:

Many individuals who were parentified as children may face increased caregiving burdens as they age, particularly if they have elderly parents or family members who require care. This caregiving responsibility may exacerbate the emotional and psychological issues they developed earlier in life, such as anxiety, depression, or guilt. The caregiving burden may also lead to a sense of burnout or resentment, as these individuals continue to fulfill roles that were imposed on them during childhood.

Relational Patterns:

Late adulthood may also bring about the reconnection or resolution of relational patterns formed in response to parentification. Individuals may seek therapy or other interventions to address long-standing emotional wounds from their childhood or may attempt to reframe their relationships with parents or siblings. Some may struggle with feelings of resentment or unresolved grief, especially if they were never able to process their own emotional needs.

Clinical Manifestations and Psychopathology of Parentification

Parentification, a process in which children assume roles and responsibilities that exceed their developmental stage, often manifests in distinct clinical and psychological outcomes that can affect an individual's mental health. When children take on roles such as emotional caretakers or provide instrumental support to their parents, they can experience a range of psychological disturbances that persist into adulthood. This section delves into the clinical manifestations and psychopathology associated with parentification, highlighting both the emotional and behavioral responses that can arise from such experiences.

Parentification can significantly disrupt the psychological development of children and adolescents, leading to an increased risk of mental health disorders in both childhood and adulthood. Below, we will examine the most common psychopathological conditions associated with parentification, drawing on empirical research to explore the connections between early experiences of parentification and later psychological outcomes.

Anxiety and Depression

One of the most common psychological outcomes of parentification is the development of anxiety and depression. The chronic emotional burden placed on parentified children can lead to the following:

Generalized Anxiety Disorder (GAD): Parentified children often experience constant worry about family dynamics or their ability to meet the emotional or physical needs of others. This heightened sense of responsibility contributes to pervasive anxiety that can generalize into other areas of life. The fear of failure or letting down a parent may lead to constant vigilance, creating an overwhelming feeling of apprehension about both familial and external expectations.

Depression: Depression is frequently observed in children and adults who have been parentified. Children who carry the emotional weight of their families may internalize these burdens, leading to feelings of hopelessness, sadness, and worthlessness. The parentified child often feels as though they are never fully seen or heard, resulting in low self-esteem and emotional exhaustion. In adulthood, these emotional scars can manifest as clinical depression, particularly if the individual continues to prioritize others' needs over their own.

Post-Traumatic Stress Disorder (PTSD)

Parentification can also serve as a precursor to the development of PTSD, particularly when the child's experiences of caregiving are extreme or traumatic. For example, a child who assumes the role of emotional or physical caretaker for an ill or abusive parent may experience trauma that has long-lasting psychological effects. Parentified children may develop symptoms such as hypervigilance, flashbacks, and intrusive thoughts as a result of their exposure to family stressors. These symptoms can persist into adulthood, where they may interfere with daily functioning and contribute to chronic distress. Furthermore, parentified individuals may be prone to dissociation as a defense mechanism against overwhelming emotions.

Obsessive-Compulsive Disorder (OCD)

Children who are parentified often develop obsessive-compulsive tendencies as a way to maintain control over their environment. The need to regulate family chaos and take on adult responsibilities can lead to a heightened need for structure and certainty, which may manifest as OCD behaviors in adulthood. Parentified individuals may engage in compulsive behaviors to avoid feelings of anxiety or guilt. This may include repetitive checking, counting, or cleaning, as well as an overwhelming need to control external circumstances. These behaviors can be an attempt to create stability in an otherwise unstable and unpredictable family environment.

Substance Use Disorders

The stress and emotional strain of parentification can lead to maladaptive coping mechanisms, such as substance use. Parentified children may be at increased risk of substance abuse as a way of numbing their emotional pain or managing their anxiety. In the absence of emotional support or coping strategies, individuals who have been parentified may turn to alcohol or drugs to cope with the overwhelming pressure and unmet emotional needs. This can lead to long-term addiction issues, as the individual relies on substances to manage stress and emotional dysregulation.

Perfectionism

Parentified children often internalize a need to be perfect, as they are frequently praised for their ability to take on adult responsibilities. This can lead to an obsessive drive for perfectionism, which may manifest as:

Chronic Self-Criticism: Parentified individuals often have high expectations for themselves and experience chronic dissatisfaction with their achievements. They may set unattainably high standards and struggle with self-compassion, often feeling like they have failed when they cannot meet these expectations.

Fear of Failure: Given the responsibility they assumed as children, parentified individuals may have a profound fear of failure or rejection. They may become overly focused on avoiding mistakes, which can lead to rigid behavior, difficulty with decision-making, and reluctance to take risks.

Hyper-responsibility

A prominent trait in parentified individuals is the tendency to take on excessive responsibility for others, even in contexts where it is inappropriate or unhealthy. This can result in:

Overburdened Caregivers: As adults, those who experienced parentification in childhood may over-extend themselves in relationships, work, or family situations. They may feel an overwhelming obligation to care for others, often neglecting their own needs or well-being.

Burnout: The hyper-responsibility associated with parentification can lead to emotional and physical exhaustion. Parentified individuals may experience burnout when they feel they are constantly "on," unable to take breaks from caretaking roles or emotional labor.

Difficulty with Boundaries

Parentified individuals often struggle to establish and maintain healthy boundaries in relationships. This can manifest in several ways:

Difficulty Saying “No”: The lack of clear boundaries in childhood, where the child had to take on adult responsibilities, can result in difficulty asserting oneself in adulthood. These individuals may have difficulty turning down requests from others, feeling as though they must constantly fulfill others’ needs.

Enmeshment in Relationships: Parentified individuals may experience enmeshment in relationships, where their identity becomes closely tied to the needs of others. This can hinder the development of a balanced and autonomous sense of self, resulting in relational patterns that are codependent or overly dependent.

Literature Review

This literature review examines research from the past 30 years on the complex dimensions of parentification, focusing specifically on both emotional and instrumental parentification. The review integrates theoretical frameworks including resilience theory, trauma theory, and developmental psychopathology models to provide a comprehensive understanding of how parentification influences attachment styles and individual trajectories across the lifespan. Special emphasis is given to the universal patterns that emerge in parentified roles as well as lifecycle transitions that may moderate or amplify these effects. The methodological approach prioritizes peer-reviewed journal articles from psychology and family studies databases. Each study has been selected based on its contribution to understanding the interplay between early caregiving responsibilities, attachment outcomes, and the promotion or hindrance of resilience.

Instrumental and Emotional Parentification

Researchers typically distinguish between instrumental and emotional dimensions of parentification. Studies have found that while both forms may lead to stress and anxiety in children, emotional parentification is more strongly linked to negative psychological outcomes in adulthood, including difficulties in personal relationships, identity confusion, and chronic emotional dysregulation (Hooper, 2007; Haxhe, 2007). Quantitative and qualitative studies underscore the nuanced differences between these dimensions. For example, empirical research has revealed that instrumental parentification might impart certain adaptive skills such as responsibility and problem-solving abilities, although these come at the cost of emotional maturity (Kaufman & Sellers, 2011). Conversely, the chronic burden of emotional responsibilities tends to interfere with typical developmental trajectories, causing issues such as anxiety, depression, and even post-traumatic stress disorder (PTSD) (Macfie & McElwain, 2006).

Masiran et al. (2022) synthesized the dual nature of parentification, identifying factors that promote resilience—such as age-appropriate task allocation, parental support and validation, and children’s positive appraisal of their role—and factors that precipitate psychological distress—such as excessive emotional burden, role confusion, and lack of familial acknowledgment. Their findings suggest that adaptive parentification is characterized by clearly delineated, temporary instrumental tasks and supportive relational contexts, whereas destructive parentification emerges when caregiving demands exceed a child’s developmental resources, leading to anxiety, depression, and impaired social competence.

Rana, R., & Das, A. (2021) provide a comprehensive review of the concept of parentification, where children are forced to assume adult roles within the family, either through instrumental or emotional responsibilities. The article traces the evolution of this concept and highlights the psychological consequences that may arise, such as anxiety, depression, and challenges in forming healthy relationships. It also explores the cultural variations in parentification, emphasizing how different societal expectations and family structures can shape the experience of children. The authors distinguish between two forms of parentification—instrumental, involving practical tasks like caregiving, and emotional, where children take on the role of emotional support providers. The paper underscores the need for further research into the long-term effects of parentification and calls for the development of interventions to support affected children and families. This review serves as an

insightful resource for understanding the complex impacts of parentification on children's psychological health and development.

Hooper (2008) provides a thorough examination of parentification, describing it as a role reversal in which children assume adult responsibilities—either instrumental (e.g., household tasks) or emotional (e.g., confidant to a parent)—when caregivers are unable to fulfill their roles. Drawing on empirical studies and clinical observations, she outlines both the maladaptive outcomes often associated with parentification—such as difficulties in forming healthy relationships, boundary confusion, and heightened risk for depression and anxiety—and the potential strengths it can engender, including resilience, empathy, and caregiving competence. Hooper emphasizes the importance for counselors to assess the type and perceived fairness of parentification, consider developmental and cultural contexts, and adopt a balanced approach that acknowledges clients' burdens alongside their unique adaptive skills. Practical recommendations include the use of targeted questionnaires, family involvement to reestablish appropriate boundaries, and referrals for trauma-informed interventions when necessary.

Black and Sleigh (2013) investigated how childhood parentification—both instrumental and emotional—along with perceived unfairness in the family, influences adults' parenting beliefs and projected parenting behaviors. Drawing data from 107 young adults, the study used the Parentification Questionnaire to explore these links and found that individuals who experienced emotional parentification or perceived unfairness were more likely to hold negative views of their upbringing and expressed a desire to parent differently than their own parents. Interestingly, however, these experiences did not clearly predict specific future parenting behaviors. While emotional parentification and unfairness were associated with lower self-esteem and perceived attractiveness, instrumental parentification showed no significant influence on parenting beliefs or behaviors. The authors suggest that although parentified individuals may wish to diverge from their own parents' styles, they exhibit diverse and inconsistent visions of what that change should look like, possibly due to limited exposure to normative parenting models.

Amin and Al Ali (2024) present a comprehensive narrative review that explores trauma from a trauma-informed perspective, emphasizing its complex, layered nature across individual, relational, and systemic levels. The review integrates interdisciplinary findings to highlight how trauma-informed care can mitigate the long-term effects of adverse experiences, particularly in vulnerable populations. Their synthesis advocates for cultural sensitivity and systemic responsiveness in trauma interventions, aligning well with current models addressing childhood parentification and its psychosocial impacts.

Borchet et al. (2020) investigated the nuanced effects of retrospective parentification on self-esteem among Polish late adolescents, emphasizing the mediating role of sibling relationships. Their study revealed that while parentification often correlates with negative outcomes, a high-quality sibling bond can partially mediate and even enhance self-esteem in parentified individuals. This suggests that positive sibling dynamics may serve as a protective factor, mitigating the adverse effects of early caregiving responsibilities. The authors advocate for clinicians to assess sibling relationship quality when addressing issues related to family dysfunction and parentification.

Wasilewska and Kuleta (2015) explore the psychological ramifications of parentification, particularly its impact on defense mechanisms and resilience in adulthood. Drawing on a systems theory framework and psychodynamic concepts, the authors argue that individuals who were burdened with parental roles as children often develop immature defense mechanisms, which compromise their psychological resilience and capacity to manage stress effectively. Emotional parentification, in particular, is linked to maladaptive outcomes such as dissociation, splitting, and narcissistic traits. However, the authors also acknowledge that under certain circumstances—especially when children are validated and supported—instrumental parentification can foster maturity and resilience. Their findings emphasize the necessity of differentiating between adaptive and pathological forms of parentification, and suggest that therapeutic interventions should focus on restructuring defense systems to promote emotional growth and self-differentiation.

Developmental Psychology Perspective

Developmental research suggests that chronic exposure to family stress, combined with role reversal, can result in an overactive hypothalamic-pituitary-adrenal (HPA) axis, leading to heightened stress responsiveness (Gunnar & Quevedo, 2007). This physiological dysregulation often contributes to impaired executive functioning, reduced emotional regulation, and difficulty coping with stress in adulthood (Blair, 2010). For instance, children who are parentified might struggle with impulse control and exhibit increased vulnerability to mental health issues during adolescence, a critical period for identity formation (Steinberg, 2005).

Additionally, longitudinal studies indicate that early parentification has lasting impacts that extend into adulthood. Evidence shows that individuals who experienced early role reversals are more likely to encounter challenges in establishing boundaries, which in turn predisposes them to maladaptive interpersonal dynamics (Hooper, 2007; Jurkovic et al., 2001). From a developmental standpoint, the timing and duration of the parentification experience are crucial; earlier and prolonged exposure tends to exacerbate negative outcomes compared to situational or transient role reversals.

Jennifer A. Engelhardt's article, *The Developmental Implications of Parentification: Effects on Childhood Attachment*, published in the *Graduate Student Journal of Psychology*, delves into how parentification influences the formation of attachment in children and its subsequent impact on interpersonal relationships. The article highlights a gap in existing research, noting that most studies focus on the long-term outcomes of parentification rather than its immediate effects on child development. Engelhardt emphasizes the need for further research to understand how parentification affects attachment formation during childhood and suggests that addressing this issue is crucial for the well-being of affected individuals.

Eşkisü (2021) conducted a quantitative study to examine the moderating role of proactive personality in the relationship between parentification, psychological resilience, and psychological well-being among university students. The results revealed that while parentification directly decreased both resilience and well-being, individuals with a proactive personality demonstrated reduced negative impacts. In other words, proactivity served as a protective factor, helping buffer the detrimental effects of parentification. The findings support the idea that personal strengths like proactive coping can mitigate the risks associated with early caregiving burdens, offering valuable insights for both researchers and mental health professionals working with parentified individuals.

The article by McElwain, Buchanan, and Shapiro (2023) titled "Parentification Vulnerability, Reactivity, Resilience, and Thriving: A Mixed Methods Systematic Literature Review" presents an in-depth analysis of the concept of parentification, its impacts on youth, and associated resilience and thriving outcomes. The authors systematically reviewed 95 studies, utilizing the PRISMA framework, to evaluate the various consequences of parentification across different cultural contexts, including qualitative, quantitative, and mixed-methods research. They emphasized the importance of understanding parentification as a global phenomenon, further complicated by the COVID-19 pandemic, which has heightened the roles and responsibilities placed on children. The review identifies gaps in the literature and calls for further exploration into resilience mechanisms among parentified youth. This comprehensive review sheds light on the multidimensional effects of parentification, offering a crucial insight for future research and interventions.

Wells and Jones (2019) conducted a study examining the relationship between parentification, resilience, and psychological well-being among adolescents. Their findings indicated that higher levels of parentification were associated with increased psychological distress and decreased well-being. However, the presence of resilience appeared to buffer these negative effects, suggesting that resilience plays a moderating role in the relationship between parentification and psychological outcomes. This study underscores the importance of fostering resilience in adolescents who experience parentification to mitigate potential adverse psychological impacts.

Polomski et al. (2021) conducted a study examining the relationship between parentification and resilience among Polish adolescents. Their findings indicated that while parentification often leads to negative outcomes, it can also foster resilience in certain contexts. The study highlighted gender differences, with girls reporting

higher levels of emotional parentification and boys exhibiting greater overall resilience. These results suggest that the impact of parentification on adolescents is multifaceted and influenced by individual and contextual factors.

Dariotis et al. (2023) present a comprehensive review of global literature examining the impact of parentification on children, emphasizing how early role reversals—both emotional and instrumental—can shape developmental trajectories. Drawing on data from 95 studies across 19 countries, the authors highlight the various sociocultural and environmental contexts that contribute to parentification, such as illness, trauma, war, and poverty. While the review underscores the predominantly negative outcomes—such as school dropout, psychological distress, and risky behaviors—it also acknowledges the potential for positive effects, including increased empathy, maturity, and strengthened sibling bonds when support systems are present. The authors advocate for trauma-informed policies and community-based support to mitigate intergenerational cycles of burden and promote resilience among affected youth.

Family Systems Perspectives

Research by Boszormenyi-Nagy and Spark (2004) suggests that parentification can be understood as a family survival strategy in times of adversity such as illness, addiction, or economic hardship. In many cases, the child's elevated role compensates for the parent's inability to perform necessary functions. However, while such role fulfillment may be adaptive in the short term, it has been linked to long-term emotional and relational difficulties (Chase, 2015). The internalization of adult responsibilities during childhood alters the power dynamics within the family and may contribute to overdependent relationships, emotional suppression, and identity diffusion in the affected individual.

Family systems research further indicates that the presence of parentification is often associated with intergenerational cycles of dysfunction. Studies have shown that children who take on the role of caregiver are more likely to replicate these dynamics in their own relationships and parenting practices, thus perpetuating the cycle of role reversal (McMahon, 2005; Hooper, 2007). The protective factors that might mitigate these effects include family therapy interventions, open communication, and structured boundary-setting, which collectively help restore the natural family hierarchy.

Soloski et al. (2016) provide an in-depth exploration of the concept of the “parentified child” within family systems, defining parentification as a functional and/or emotional role reversal where a child sacrifices their own needs to accommodate and care for the emotional or logistical needs of a parent. Drawing on foundational works by scholars like Chase (1999) and Minuchin (1974), the authors discuss how such role reversals can lead to boundary distortions and inverted hierarchies in families. While some children may develop compassion and reciprocity through these experiences, excessive parentification can result in the child learning that their needs are less important than others, potentially leading to long-term psychological effects. The entry emphasizes the importance of recognizing these dynamics in therapeutic settings to address and mitigate potential adverse outcomes.

Hooper (2007) proposes an integrative framework combining attachment theory and family systems theory to elucidate the phenomenon of parentification. Attachment theory offers insight into how early caregiving relationships shape internal working models, influencing a child's capacity for trust and emotional regulation. Family systems theory contextualizes parentification within the broader family dynamics, highlighting how role reversals and boundary disruptions contribute to the child's assumption of adult responsibilities. This theoretical synthesis underscores the multifaceted impact of parentification, suggesting that while it can lead to adverse outcomes like impaired self-differentiation and relational difficulties, it may also foster resilience and competence in certain contexts. Hooper emphasizes the importance of clinicians recognizing these dynamics to better support individuals affected by parentification.

Mika et al. (2014) conducted a study examining the relationship between parentification and psychological outcomes in adolescents. Their findings indicated that higher levels of parentification were associated with increased psychological distress and decreased wellbeing. However, the presence of resilience appeared to buffer these negative effects, suggesting that resilience plays a moderating role in the relationship between

parentification and psychological outcomes. This study underscores the importance of fostering resilience in adolescents who experience parentification to mitigate potential adverse psychological impacts.

Cross-Cultural Perspectives

Comparative studies have highlighted both similarities and differences in parentification experiences across cultures. For instance, research conducted in Mexico and among Latino communities in the United States shows that while children may be expected to contribute to household functioning, the expectations are culturally sanctioned and accompanied by community support, which may buffer some negative outcomes (Martinez & Marsh, 2010). Conversely, in certain immigrant communities in Western countries where the familial support network is disrupted, the same behaviors may lead to experiences of isolation and increased psychological distress (Torres, 2013).

Cross-cultural investigations also reveal that the interpretation of parentification behaviors and their associated stigmas differ considerably based on cultural context. In cultures where filial piety and familial duty are highly regarded, the parentified child might be viewed as fulfilling a crucial familial role, whereas in more individualistic societies, the role reversal might be pathologized and associated with emotional neglect (Kagitcibasi, 2005). This suggests that cultural competence is essential in both research design and clinical interventions, ensuring that coping strategies and therapeutic approaches are culturally responsive.

Huebner, Mancini, and Bowen (2014) explore the construct of parentification within the unique context of military families, offering a multidisciplinary analysis that integrates family systems theory, clinical psychology, and military cultural frameworks. The authors discuss how military-induced stressors—such as frequent relocations, parental deployments, and the hierarchical family structures shaped by military culture—can place children in caregiving roles typically held by adults. This review situates parentification not only as a potential risk factor for maladaptive outcomes, but also as a process that, in some contexts, may contribute to the development of resilience and leadership skills. The article importantly emphasizes the need for future research to differentiate between adaptive and maladaptive forms of parentification, especially within high-stress family systems like those found in military contexts (Huebner, Mancini, & Bowen, 2014).

Meade, McIntyre, and O'Connor (2019) conducted an interpretive meta-synthesis to explore how individuals who have experienced childhood trauma perceive and enact their roles as parents. The study synthesized qualitative research findings to identify common themes in the parenting experiences of trauma survivors. Three primary themes emerged: (1) Forming a Parental Identity Through the Lens of Trauma, highlighting how past abuse influences current parenting perceptions; (2) Protecting Against Cycles of Abuse, reflecting parents' fears of perpetuating harmful patterns; and (3) The Need for Safe Support, emphasizing the challenges in seeking and receiving support due to trust issues stemming from past trauma. The authors underscore the importance of trauma-informed approaches in supporting parents with such histories, advocating for services that acknowledge and address the lingering impacts of childhood abuse on parenting.

Rana and Das (2021) provide a comprehensive review of the concept of parentification, examining its definitions, types, cross-cultural perspectives, and psychological consequences.

They distinguish between instrumental parentification, where children take on practical responsibilities, and emotional parentification, where children become emotional support providers for their parents. The paper highlights how parentification can lead to early maturation and resilience in some cases, but also to negative outcomes such as emotional distress and identity issues. The authors emphasize the need for further research, particularly in the Indian context, to understand the cultural nuances and long-term effects of parentification. They also call for the development of culturally sensitive interventions to support affected individuals.

Coping and Recovery Approaches

A significant strand of the literature focuses on coping and recovery approaches for individuals who have experienced parentification. Therapeutic interventions have ranged from individual psychotherapy to family-based interventions designed to address dysfunctional family dynamics. Cognitive-behavioral therapy (CBT) and trauma-focused therapies have shown promise in helping individuals reframe their experiences and reclaim autonomy (Beck, 2011; Cohen, Mannarino, & Deblinger, 2017). The integration of mindfulness and

acceptance-based techniques has also been beneficial in reducing symptoms of anxiety and depression among this population (Hayes, Strosahl, & Wilson, 2011).

Emerging studies have also highlighted the role of peer support groups, where individuals can share their experiences and strategies for recovery in a supportive environment (Masten, 2001). For youth and young adults, school-based counseling and community programs have been essential in providing early external support. Furthermore, family therapy that involves restructuring family roles and establishing clear boundaries has been noted as an effective method of addressing intergenerational trauma and preventing the perpetuation of parentification dynamics (Nichols, 2013).

Research emphasizes that recovery is a gradual process, often involving both individual and systemic changes. Interventions such as narrative therapy allow the affected individuals to reconstruct their life stories in a more empowering light, thereby mitigating the long-term psychological effects of early caregiving burdens (White & Epston, 1990). Additionally, resilience-building approaches are crucial, as they focus on enhancing the individual's capacity to adapt, set boundaries, and redefine self-worth away from imposed familial roles (Masten et al., 1990).

Gender Differences in the Nature and Perception of Parentification

Thomas (2016) offers a feminist-oriented qualitative study exploring whether parentification is a gendered experience. Interviews revealed that girls are more frequently emotionally parentified, expected to nurture, manage household emotions, and mediate family conflicts. In contrast, boys are often instrumentally parentified, taking on physical tasks such as financial support or protection. Thomas emphasizes that these roles are not just different in function but also in how they are emotionally experienced—with girls often internalizing a sense of guilt and obligation, while boys may experience role confusion or suppressed emotional expression.

Hooper et al. (2015) conducted a large-scale university-based quantitative study examining the interplay between race/ethnicity, gender, and parentification. They found that female students reported significantly higher levels of emotional parentification and were more adversely affected in terms of depressive symptoms and emotional dysregulation. This aligns with gender-role socialization theories, which posit that females are conditioned from early childhood to value care and interpersonal harmony, making them more susceptible to psychological distress when boundaries are blurred.

In their empirical study, Mika et al. (2014) showed that while both genders are affected by parentification, girls tend to experience higher emotional distress, including symptoms of anxiety and depression. However, the study also observed that boys with higher levels of parentification showed increased externalizing behaviors such as aggression or risk-taking, suggesting that gender not only influences the type of role assumed but also how internal conflict is expressed.

Khafi, Yates, and Luthar (2014) add an intersectional layer, examining ethnic and gender differences in the developmental outcomes of parentification. They found that girls from collectivist cultural backgrounds (e.g., Latino, African-American communities) were more likely to report emotional parentification as a normative and even valued part of familial life, leading to positive outcomes like higher self-efficacy and relational competence when appropriate recognition and support were present.

The systematic review by Dariotis et al. (2023) explores how resilience functions differently across genders. The findings suggest that girls tend to build resilience through emotional insight and relational strength, whereas boys rely more on problem-solving and independence. These coping strategies reflect broader gendered socialization patterns and highlight the need for gender-sensitive therapeutic interventions.

Furthermore, Eşkisu (2021) examined how proactive personality moderates the effects of parentification and found that while both boys and girls benefit from proactive traits, females showed greater protective effects against emotional parentification-related stress, possibly due to better emotional awareness and regulation.

Methodology

Research Design

This study employs a quantitative correlational research design to systematically examine the longterm implications of childhood parentification on adult resilience and attachment styles. The selection of a quantitative approach is grounded in the necessity to generate objective, replicable, and statistically valid data that can be used to test predefined hypotheses about the relationships among the study variables. Unlike qualitative methods that focus on subjective interpretation, the quantitative paradigm enables the researcher to quantify patterns, associations, and variances between constructs using standardized measures and inferential statistics. This approach is particularly relevant given the study's aim to explore not only the presence of associations but also the strength and direction of these relationships.

Moreover, the research is grounded in theoretical frameworks drawn from attachment theory and family systems theory, providing a robust conceptual basis for the operationalization of parentification, resilience, and attachment. To ensure the internal validity and reliability of the data collected, the study utilized well-established psychometric instruments. The data analysis was performed using the Statistical Package for the Social Sciences (SPSS), Version 27, which allowed for sophisticated handling of data, including computation of descriptive statistics, correlations, and comparative analyses.

Participants

The study sample comprised 106 young adults aged between 18 to 27 years, a developmental stage that reflects early adulthood—a period when long-term effects of childhood experiences often manifest in psychological and relational domains. Participants were recruited based on a documented history of childhood parentification, as assessed by standardized screening instruments and supported through self-reports. This inclusion criterion ensured that the sample was relevant and that all individuals shared the core characteristic under investigation.

Recruitment aimed at achieving maximum variation sampling to ensure diversity in terms of socioeconomic status, ethnicity, gender, and cultural background, thereby enhancing the external validity and generalizability of the findings. Detailed demographic information was collected, including age, gender identity, educational level, ethnicity, and family structure, to facilitate subgroup comparisons and allow for the control of potential confounding variables in later analyses. Participants were recruited through digital platforms. All individuals participated voluntarily, and inclusion was contingent upon their informed consent and a confirmation that they had experienced role reversals or caregiving responsibilities in childhood beyond developmentally appropriate norms.

Instruments and Measures

To investigate the research questions, three primary standardized instruments were employed, each selected for its strong psychometric properties and alignment with the constructs of interest:

Attachment Styles Scale (Becker, Billings, Eveleth, & Gilbert, 1997): This 25-item scale measures adult attachment patterns, with particular focus on secure and anxious dimensions. The items assess relational trust, comfort with closeness, and dependency on others, drawing heavily on the principles articulated by Bowlby's (1969) attachment theory. The scale uses a Likert-type format and has shown high internal consistency in previous studies. Its focus on both emotional and cognitive aspects of attachment makes it well-suited for assessing the lingering relational impacts of childhood parentification.

The Resilience Scale (Wagnild & Young, 1993): Developed to assess psychological resilience, this 25-item measure evaluates dimensions such as perseverance, purpose, selfreliance, equanimity, and existential aloneness. Items are rated on a 7-point Likert scale, and higher scores indicate greater resilience. This scale has been validated across multiple populations and is sensitive to individual differences in coping mechanisms

and emotional regulation. Its inclusion was essential to capture the possible adaptive outcomes of early caregiving experiences.

Parentification Inventory (Hooper, 2009): This 22-item scale examines the frequency and psychological consequences of parentification experiences in childhood. It includes both instrumental parentification (e.g., practical caregiving duties) and emotional parentification (e.g., providing emotional support to a parent), as well as items that assess the perceived fairness and long-term emotional burden of such responsibilities. The scale also captures the extent to which these experiences were internalized as unjust or developmentally inappropriate. The reliability and validity of this inventory make it an indispensable tool for operationalizing the independent variable of the study.

Procedure

The research procedure was designed with careful attention to ethical standards and methodological rigor. The study was launched following approval by the Institutional Review Board (IRB), and all participants were initially directed to an informed consent form. This form detailed the study's objectives, the voluntary nature of participation, assurances of confidentiality, and the right to withdraw from the study at any point without penalty. Upon providing digital consent, participants were guided through a structured online survey administered via a secure and encrypted platform. The order of presentation of the instruments was as follows: (1) demographic questionnaire, (2) Parentification Inventory, (3) Attachment Styles Scale, and (4) Resilience Scale. The sequence was intentionally structured to reduce the likelihood of response bias and participant fatigue, starting with non-sensitive information and progressing toward more introspective items. Data collection took place over a three-month period to accommodate participant availability and ensure demographic variation. Upon submission, all responses were de-identified and stored in encrypted files accessible only to the primary researcher. Data were periodically backed up on secure servers to prevent data loss and ensure research continuity.

Data Analysis

Quantitative data analysis was carried out using SPSS Version 27, a widely accepted statistical software package used in behavioral research. Initial descriptive statistics, including measures of central tendency and dispersion, were computed to summarize demographic data and assess normality of the key variables.

To explore the hypotheses, a series of inferential statistical analyses were conducted:

Independent samples t-tests were employed to examine gender differences in parentification experiences (H3).

Spearman's rank-order correlation was used due to the non-parametric nature of some data, assessing the relationships between levels of parentification, adult attachment styles, and resilience (H1 and H2).

Mediation models were theoretically proposed, particularly in testing H2, suggesting that adaptive coping strategies and problem-solving skills may mediate the relationship between early parentification and adult resilience. While full mediation analysis (e.g., structural equation modeling) was beyond the scope of this study, the groundwork was laid for future research.

The analytical framework was informed by the integration of attachment theory (Bowlby, 1969; Ainsworth, 1989) and family systems theory (Minuchin, 1974), which posits that early relational roles can influence adult psychological functioning. These theories provided a dual lens through which the direct and indirect effects of childhood parentification could be interpreted.

Ethical Considerations

Given the sensitive nature of the research topic—childhood adversity and its psychological consequences—this study adhered strictly to ethical guidelines outlined by the American Psychological Association (APA) and the Institutional Review Board. Informed consent was obtained electronically after a clear explanation of the study's goals, potential risks, and benefits. Participants were assured of the confidentiality and anonymity

of their responses through the use of secure survey software and randomized identification numbers. All data files were stored in encrypted formats with password protection, accessible only to the principal investigator. Furthermore, participants were informed of their right to withdraw at any point without prejudice or penalty. Given the potential emotional discomfort that could arise from reflecting on past traumatic experiences, a list of mental health resources, including helplines and counseling services, was provided at the conclusion of the survey. This ensured that participants had access to support if they experienced distress following their participation.

Results

Differences in Parentification Scores by Attachment Style

An independent samples t-test was conducted to determine whether individuals with different adult attachment styles—specifically anxious versus secure attachment—differed significantly in their reported levels of childhood parentification. The sample included 40 participants identified with an anxious attachment style and 66 participants categorized as having a secure attachment style, based on their responses to the Attachment Styles Scale. Participants in the anxious attachment group had a mean parentification score of $M = 72.75$ with a standard deviation of $SD = 13.88$, while the secure attachment group reported a slightly higher mean score of $M = 73.42$ and a standard deviation of $SD = 15.33$. Levene's Test for Equality of Variances was conducted to verify the assumption of homogeneity of variances and was found to be non-significant, $F(1, 104) = 0.205$, $p = .652$, thereby justifying the use of the pooled variance estimate in the t-test. The t-test results indicated that the difference in parentification scores between the two groups was not statistically significant, $t(104) = -0.227$, $p = .821$ (two-tailed). The calculated effect size (Cohen's $d = -0.046$) was negligible, suggesting that the observed mean difference in parentification between the anxious and securely attached individuals is practically insignificant. These results indicate that, within the current sample, attachment style alone does not appear to meaningfully influence the level of childhood parentification reported in adulthood.

This finding challenges commonly held assumptions that anxious attachment is necessarily linked with higher levels of childhood role reversal and caregiving responsibilities. It may also suggest that both securely and anxiously attached individuals can experience parentification, though they may process or internalize these experiences differently.

Differences in Parentification Scores by Gender

A second independent samples t-test was performed to examine potential gender differences in levels of reported parentification. In this analysis, males ($n = 32$) reported a mean parentification score of $M = 70.47$ with a standard deviation of $SD = 16.99$, whereas females ($n = 74$) reported a higher mean score of $M = 74.34$ with a standard deviation of $SD = 13.61$.

Prior to conducting the t-test, Levene's Test for Equality of Variances was again computed and found to be non-significant, $F(1, 104) = 1.12$, $p = .292$, confirming that the assumption of equal variances was met. The results of the t-test indicated no statistically significant difference in the parentification scores of males and females, $t(104) = -1.244$, $p = .216$ (two-tailed). The mean difference between the two groups was -3.87 , with a 95% confidence interval ranging from -10.04 to 2.30 . This confidence interval includes zero, which further supports the conclusion that there is no reliable difference between the two gender groups in terms of parentification experiences. The computed Cohen's d effect size was -0.263 , indicating a small and negative effect, suggesting that although females reported slightly higher parentification levels, this effect was not strong enough to infer meaningful gender-based differences in the sample.

This result stands in contrast to some prior literature that has theorized greater emotional parentification in females due to traditional gender role expectations. The lack of statistical significance in this finding could indicate that parentification is a gender-neutral phenomenon in some contexts, or that males may be less likely to recognize or report their caregiving experiences due to social conditioning.

Correlation Between Parentification and Resilience

To evaluate the relationship between childhood parentification and adult resilience, a Spearman's rank-order correlation was utilized due to non-parametric distribution characteristics of the variables. The analysis yielded a statistically significant and positive correlation, $\rho(106) = 0.261$, $p = 0.003$ (one-tailed). This finding suggests that as levels of reported childhood parentification increase, levels of adult resilience also tend to increase in a moderately linear fashion. The correlation, though not strong, is meaningful and supports the hypothesis that parentification experiences may contribute to the development of psychological resilience, potentially through the necessity of early problem-solving, emotional self-regulation, and autonomy cultivated in childhood.

It is crucial, however, to interpret this result with caution. While the relationship is statistically significant, correlation does not imply causation. The observed association may reflect a complex interplay of mediating variables, such as perceived competence, emotional maturity, or environmental support systems that were not directly measured in the current study. Additionally, resilience as captured by the Wagnild and Young scale emphasizes internal strengths and coping capacities, which could be differentially shaped by various forms of parentification (e.g., instrumental versus emotional). This positive relationship contributes to a growing body of literature that reframes certain aspects of parentification as potentially adaptive, especially when the caregiving role is accompanied by validation or when it fosters growth rather than emotional burden.

Results tables

Nonparametric Correlations

[DataSet1] C:\Users\HP\Downloads\Untitled3.sav

Correlations

		Raw Score (Parentification)
Spearman's rho	Raw Score(Resilience)	Correlation Coefficient
		.261 **
		Sig. (1-tailed)
		.003
	N	106

** . Correlation is significant at the 0.01 level (1-tailed).

Table1: Correlation between Parentification and Resilience

T-Test**Group Statistics**

	Attachment1	N	Mean	Std. Deviation	Std. Error Mean
Raw Score (Parentification)	1.00	40	72.75	13.882	2.195
	2.00	66	73.42	15.326	1.887

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of .
		F	Sig.	t
Raw Score (Parentification)	Equal variances assumed	.205	.652	-.227
	Equal variances not assumed			-.233

Independent Samples Test

		t-test for Equality of Means		
		df	Significance	
			One-Sided p	Two-Sided p
Raw Score (Parentification)	Equal variances assumed	104	.410	.821
	Equal variances not assumed	88.822	.408	.816

Independent Samples Test

Table 2: Independent Samples t-test on Parentification and Attachemnt

T-Test

Group Statistics					
	Gender	N	Mean	Std. Deviation	Std. Error Mean
Raw Score (Parentification)	1.00	32	70.47	16.990	3.003
	2.00	74	74.34	13.605	1.582

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means
		F	Sig.	t
Raw Score (Parentification)	Equal variances assumed	1.120	.292	-1.244
	Equal variances not assumed			-1.140

Independent Samples Test

		t-test for Equality of Means		
		df	Significance	
			One-Sided p	Two-Sided p
Raw Score (Parentification)	Equal variances assumed	104	.108	.216
	Equal variances not assumed	48.978	.130	.260

Independent Samples Test

Table 3: Independent Samples t-test on Parentification and Gender

Discussion**Interpretation of Findings**

The present study explored the relationship between childhood parentification and adult outcomes, specifically examining associations with attachment styles, gender differences, and resilience. The key findings indicate that while there were no significant differences in parentification scores across attachment styles or gender, a moderate positive correlation was observed between parentification and resilience, pointing to the multifaceted nature of parentification's psychological outcomes.

Parentification and Attachment Styles.

Although existing literature often links parentification to insecure attachment—particularly anxious and avoidant styles—the present study did not find statistically significant differences in parentification levels among individuals with secure and anxious attachment styles. This finding may appear contradictory when viewed through Bowlby's (1969, 1988) attachment theory, which posits that consistent caregiving and emotional attunement foster secure attachments.

Parentification, particularly in its emotional form, typically implies that a child's emotional needs are subordinated in favor of a caregiving role, which should theoretically predispose individuals to anxious or avoidant attachment in adulthood.

However, the absence of a significant relationship suggests alternative explanations. It is plausible that individuals who experienced parentification developed compensatory secure relationships with extended family members, mentors, or peers—thereby internalizing healthier models of emotional responsiveness. Alternatively, some individuals may cognitively reinterpret past parentified roles through a more adaptive lens, perceiving their caregiving contributions as formative and meaningful, thus not disrupting their internal working models of trust and intimacy. These interpretations align with earned security—a construct that captures individuals who have attained secure attachment despite early relational disruptions (Roisman et al., 2002).

Gender Differences in Parentification.

The study found that although female participants had higher scores for parentification compared to males, the results were not statistically significant. This aligns partially with research that suggests females are more often socialized to take on caregiving roles within families (Hooper et al., 2008). However, the lack of significance could point to either a changing cultural context where caregiving burdens are more evenly distributed or to differences in emotional expression between genders. It is possible that males underreport emotional caregiving due to social desirability bias or because emotional labor is not culturally framed as part of male identity, leading to fewer acknowledgments of such roles even when they are performed. Similarly, males might take on more instrumental forms of parentification (e.g., financial support, household management), which may not have been fully captured in the present measurement scale. Another factor could be intersectionality—how gender intersects with other variables such as socioeconomic status, birth order, and cultural background. In lower-income families or in single-parent households, for example, boys may take on significant responsibilities out of necessity, regardless of gender norms.

The results also raise questions about the internalization of caregiving roles. Females may be more attuned to emotional dynamics and thus more likely to perceive themselves as parentified, whereas males might normalize or rationalize these roles, viewing them as obligatory rather than excessive.

Future research could employ qualitative interviews to examine gendered narratives around caregiving and explore how societal expectations shape these self-perceptions.

Parentification and Resilience.

The study found a statistically significant moderate positive correlation between parentification and resilience. This is an important finding, as much of the existing literature on parentification emphasizes its risks for psychological maladjustment (Chase, 1999; Jurkovic, 1997). However, the present results affirm a growing body of work that considers the adaptive potential of early caregiving experiences. When individuals perceive their caregiving contributions as purposeful, and when such roles are acknowledged or rewarded by others, they may develop a sense of competence, agency, and maturity—qualities that are central to resilience (Masten, 2001). In this light, parentification could be conceptualized not only as a risk factor but also as a developmental accelerant, especially when accompanied by autonomy, validation, and boundaries.

Additionally, parentified individuals often develop heightened empathy, responsibility, problemsolving skills, and emotional intelligence, all of which are predictors of resilient functioning (Grych, 2015). These skills, although developed under challenging circumstances, may become assets in adulthood, particularly in professional or caregiving roles. However, resilience does not imply the absence of distress. Many individuals may appear externally functional while still grappling with internalized guilt, perfectionism, or identity diffusion resulting from early parentification. This phenomenon, sometimes referred to as “survivor competence” (Wolin & Wolin, 1993), underscores the importance of evaluating both the visible strengths and the invisible wounds of parentified individuals.

Lastly, resilience may not be linear or static. It may fluctuate depending on life stage, relational context, or cumulative stress. Future longitudinal studies could investigate how resilience interacts dynamically with life transitions (e.g., parenthood, career shifts) in individuals who experienced parentification.

Integration with Attachment and Family Systems Theories

Integrating findings with established theoretical frameworks further deepens the interpretive scope of this research. Attachment theory asserts that early caregiver responsiveness shapes internal working models of the self and others (Bowlby, 1969). Parentification, involving role reversal and emotional neglect, would theoretically distort this process, engendering insecure attachments. Yet, this study's results suggest a more complex interplay. Some parentified individuals may develop adaptive attachment strategies, especially when buffered by positive external relationships or internal coping resources. This aligns with the concept of attachment resilience—wherein individuals form secure attachments later in life despite earlier relational adversity (Schoore, 2001). The correlation between parentification and anxious attachment, though not statistically significant in this sample, points toward the idea that certain forms of parentification (particularly emotional) may still disrupt relational expectations, leading to hyperactivation of the attachment system (Mikulincer & Shaver, 2007).

From the lens of family systems theory, particularly Bowen's (1978) work, parentification can be viewed as a symptom of diffuse boundaries and emotional enmeshment within dysfunctional family systems. In such families, children are often triangulated into adult conflicts or relied upon for emotional support, leading to the assumption of caregiving roles that undermine normative child development. The patterns observed in the current study underscore Bowen's conceptualization of intergenerational role diffusion and the emotional fusion that arises in poorly differentiated family systems. These dynamics, in turn, influence the child's future relational functioning and emotional autonomy.

Implications for Clinical Practice and Intervention

The duality of outcomes—vulnerability and resilience—associated with parentification presents important implications for mental health practitioners. Clinicians working with individuals who have experienced parentification should first assess the type and context of caregiving roles assumed during childhood. For individuals with histories of emotional parentification, therapeutic interventions might prioritize fostering secure relational templates through techniques such as attachment-focused therapy, emotionally focused therapy (EFT), and corrective emotional experiences within the therapeutic alliance. On the other hand, clients who display high functioning and resilience due to instrumental parentification may benefit from interventions that reinforce adaptive coping strategies, while helping them explore and process any suppressed emotional needs or identity diffusion that may have been neglected in favor of functionality. In such cases, the therapeutic goal would be to integrate strength-based narratives while also creating space for vulnerability, self-care, and boundary formation.

Moreover, family systems interventions—such as structural family therapy (Minuchin, 1974)—can help reconfigure dysfunctional relational roles and promote healthy boundary establishment. Group therapy modalities may also be effective in helping parentified individuals connect with others who share similar experiences, thereby reducing internalized shame and isolation.

Limitations

Despite its valuable contributions, the study is subject to several limitations. First, the crosssectional design prohibits any causal inferences regarding the relationship between parentification and later outcomes. Longitudinal designs tracking developmental trajectories from childhood through adulthood would be better suited to clarify causality and temporal sequencing.

Second, reliance on retrospective self-report measures introduces potential recall bias, as participants' memories of childhood experiences may be colored by current relational or emotional states. Future studies could incorporate triangulated data sources, such as interviews with caregivers or siblings, and objective behavioral assessments to mitigate this limitation.

Third, although efforts were made to include a diverse sample, cultural variability in the expression and interpretation of parentification was not deeply explored. In collectivist cultures, caregiving may be viewed as a normative or even honorable responsibility, thereby affecting how individuals perceive and internalize their early roles. Hence, cross-cultural qualitative studies are warranted to examine the sociocultural meaning-making processes surrounding parentification.

Future Research Directions

Building on the current findings, several avenues for future research are recommended:

Longitudinal studies that follow parentified children into adulthood can offer crucial insights into how resilience, attachment patterns, and psychological outcomes evolve over time.

Qualitative research, such as narrative interviews or thematic analyses, can provide rich descriptions of how individuals subjectively interpret their parentification experiences and integrate them into their identity.

Further investigation into the differential effects of emotional vs. instrumental parentification, along with willingness, recognition, and family support, can clarify which factors serve as risk versus protective elements.

Studies examining the mediating and moderating roles of coping styles, social support networks, self-compassion, and emotion regulation can offer more nuanced models of the pathways from parentification to adult adjustment.

Clinical trials testing the efficacy of targeted therapeutic interventions—including traumainformed, attachment-based, and resilience-enhancing approaches—can validate treatment strategies for this population.

Chapter 6: Conclusion

In conclusion, the study explored the relationship between parentification, attachment, gender, and resilience. The findings indicate that while there were no significant differences between parentification and attachment styles or gender, a positive correlation was found between parentification and resilience. These findings provide a more nuanced understanding of parentification by emphasizing its contextual and subjective nature. Not all parentification is detrimental—under the right conditions, it can foster traits such as emotional regulation, leadership, and autonomy. However, the benefits are highly contingent upon whether the child felt supported, recognized, and safe in their caregiving role. The results also highlight the need for individualized assessment. Two individuals with similar caregiving histories may have vastly different psychological outcomes depending on their personal interpretations, support systems, and relational histories. Thus, a non-pathologizing, trauma-informed, and strengths-based lens is crucial when working with individuals who have experienced early caregiving responsibilities.

Furthermore, the study adds to the evolving discourse that resilience is not merely the absence of adversity but rather the presence of adaptive responses to adversity. Parentification, in its complexity, straddles the line between risk and growth. By exploring both its burdens and its potential for strength, this study contributes to a more balanced and hopeful perspective on early caregiving experiences.

Finally, this research opens the door to more intersectional, longitudinal, and culturally diverse investigations of parentification. It encourages clinicians, educators, and researchers to recognize the hidden narratives of strength embedded within children who have stepped up to care for others—often before learning to fully care for themselves.

Acknowledgement

First and foremost, I wish to express my profound gratitude to Dr. Zubay Hasan, my esteemed supervisor and guide, for her exemplary mentorship, intellectual insight, and unwavering support throughout the course of this dissertation. Her depth of knowledge, critical feedback, and scholarly guidance have been invaluable to the conceptualization and execution of this research. I am deeply indebted to her for her patience, encouragement, and consistent belief in my capabilities, all of which have been crucial in navigating the complexities of this academic endeavor.

It has been an honour and a privilege to work under her guidance, and I have learned much from her both professionally and personally. Her commitment to academic excellence and her generosity in sharing her expertise have inspired me at every stage of this journey.

I would also like to take this opportunity to extend my heartfelt appreciation to my friends, who have been a constant source of strength and support throughout this process. Their encouragement, empathy, and emotional presence have played an instrumental role in helping me persevere through the challenges of this academic pursuit. Whether it was through thoughtful conversations, a listening ear, or simply standing by me during moments of doubt and difficulty, their support has been a sustaining force.

Their faith in my abilities and their willingness to walk with me through both the triumphs and the trials of this journey have deeply touched me. I remain sincerely grateful for their companionship and care, which provided me with balance and perspective amid the rigor of academic work.

To each person who stood by me—thank you for your contributions, your kindness, and your belief in me. This dissertation stands as a testament not only to my efforts but also to the collective support that made it possible.

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