

Parentification and Alcohol Use: Conditional Effects of Religious Service Attendance

Peter J. Jankowski and Lisa M. Hooper

This study tested a model of the relation between parentification and alcohol use through differentiation of self (DoS), with religious service attendance as a moderator. Results provided mixed support for the model. Perceived unfair parentification was associated with decreased DoS, and lowered DoS corresponded to increased alcohol use. Religious service attendance moderated the association between increased perceived unfairness and increased alcohol use. Implications for practice focused on assessing perceived unfairness and integrating clients' religiousness.

Keywords: parentification, differentiation of self, religious service attendance, alcohol use, self-regulation

Parentification, which involves positioning a child to function in an adult role in providing instrumental and emotional caretaking of parents and siblings, is a complex family process (Boszormenyi-Nagy & Spark, 1973; Minuchin, Montalvo, Guerney, Rosman, & Schumer, 1967). Parentification is generally associated with negative consequences for the parentified individual (Hooper, DeCoster, White-Chapman, & Voltz, 2011), although positive outcomes are also reported (e.g., Fitzgerald et al., 2008; Hooper, Marotta, & Lanthier, 2008). An often unattended-to thread within the existing literature suggests that the extent to which parentification is perceived as unfair accounts for the differential outcomes associated with the childhood performance of parental-type responsibilities within the family (Hooper & Wallace, 2010; Jankowski, Hooper, Sandage, & Hannah, 2013; Jurkovic, Thirkield, & Morrell, 2001). The parentification dimension of perceived unfairness refers to the individual's experience of a caretaking role that is not "appropriately acknowledged, supported, or reciprocated" (Jurkovic, 1998, p. 239).

Parental alcohol use is one of the more commonly reported factors found to increase parentification (e.g., Chase, Deming, & Wells, 1998; Godsall, Jurkovic, Emshoff, Anderson, & Stanwyck, 2004; Goglia, Jurkovic, Burt, & Burge-Callaway, 1992; Kelley et al., 2007), and parents' alcohol problems demonstrated positive associations with alcohol use in adolescents and emerging adults (Fischer, Forthun, Pidcock, & Dowd, 2007; Müller & Kuntsche, 2011). Increased parentified role taking similarly demonstrated associations with increased alcohol use

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(Hooper, Doehler, Wallace, & Hannah, 2011; Locke & Newcomb, 2004; Morissette, Maranda, & Lessard, 2006; Stein, Riedel, & Rotheram-Borus, 1999).

In contrast to the risk factor of parentification, religiousness appears to act as a protective factor of adolescent and emerging adult alcohol use (e.g., Benda, Pope, & Kelleher, 2006; T. D. Hill, Burdette, Weiss, & Chitwood, 2009; Kendler & Myers, 2009; Walker, AINETTE, Wills, & Mendoza, 2007), yet religiousness is noticeably absent from the existing literature on parentification and alcohol use. In addition, perceived unfairness is considerably less attended to than the instrumental and emotional role dimensions of parentification. The current study redressed the research gaps by integrating two lines of scholarship from the alcohol use research literature that are largely neglected within the parentification literature: (a) the mediating role of self-regulation and (b) the moderating role of religiousness in associations between risk factors and alcohol use. This study, therefore, answers calls in the existing parentification literature for studies that explore mediators and moderators of the association between parentification and psychosocial outcomes (Earley & Cushway, 2002; Hooper & Wallace, 2010; Jurkovic et al., 2001).

Parentification and Alcohol Use

Previous research findings demonstrate an association between family processes and increased alcohol use (e.g., Fischer et al., 2007; Kim & Neff, 2010), including the family risk factor of increased engagement in instrumental and emotional parentification roles (Hooper, Doehler, et al., 2011; Locke & Newcomb, 2004; Morissette et al., 2006; Stein et al., 1999). Despite evidence for the positive association between parentification and alcohol use by the parentified individual, further research is needed to more convincingly demonstrate the association and clarify contradictory findings. First, some of the evidence for the positive association is based on descriptions that indirectly tap into parentification rather than the direct empirical assessment of the construct. For example, Locke and Newcomb (2004) found that the latent construct of childhood experiences of parental substance use problems, conceptualized as theoretically consistent with parentification, was associated with increased current polydrug use for mothers. Similarly, Morissette et al. (2006) explored young adult substance users' employment histories and observed that one of the employment trajectories was theoretically consistent with parentification. Substance use was identified as a self-soothing strategy for managing the role demands of parentification (Morissette et al., 2006).

Hooper, Doehler, et al. (2011) provided the most compelling evidence for the positive association between parentification and alcohol use; however, others have found a negative association. As part of an initial validation of the Parentification Inventory (Hooper, 2009), Hooper, Doehler, et al. found that alcohol use positively correlated with the Parent- and Sibling-Focused Parentification subscales. They also found that the Instrumental and Emotional Parentification scales of the Parentification Questionnaire (Jurkovic & Thirkield, 1998) similarly demonstrated positive correlations with alcohol

use. In contrast, conflicting evidence for the parentification and alcohol use association comes from the longitudinal work of Stein, Rotheram-Borus, and Lester (2007). Stein et al. (1999) initially found that emotional parental role taking by the adolescent predicted a latent construct comprising alcohol use frequency, marijuana use frequency, and alcohol and drug problems. However, in a 6-year follow-up study, Stein et al. (2007) found that the baseline assessment of parentification, which comprised instrumental adult role taking, emotional parental role taking, and emotional spousal role taking, had a direct negative effect on the latent construct of alcohol and tobacco use.

Religiousness and Alcohol Use

Both religiousness and spirituality can be conceptualized as a “search for the sacred” (P. C. Hill & Pargament, 2003, p. 65), with the word *sacred* referring to any object of devotion, including Deity. Shults and Sandage (2006) expanded the definition to “ways of relating to the sacred” (p. 161; see also, Jankowski & Sandage, 2011, 2012; Sandage, Hill, & Vaubel, 2011; Sandage & Jankowski, 2010; Wink & Dillon, 2003; Wuthnow, 1998). Relating to the sacred can consist of a variety of religious and/or spiritual practices, and many people seem to engage the sacred both within and beyond organized religious contexts over time (Shults & Sandage, 2006). Religiousness and spirituality, therefore, seem best understood as interrelated constructs (Hay, Reich, & Utsch, 2006; P. C. Hill & Pargament, 2003).

One widely used operationalization of religiousness consists of assessing people’s religious involvement or the extent to which they engage in religious behaviors, with religious service attendance as the most frequently used behavioral indicator (Ellison, Burdette, & Glenn, 2011; Hall, Meador, & Koenig, 2008; McCullough & Willoughby, 2009). Religious service attendance was described as an aspect of “organizational religiousness” (Hall et al., 2008, p. 140) or “public religious involvement” (Cheung & Yeung, 2011, p. 378), along with affiliation or identification with a particular religion/denomination and commitment (Cheung & Yeung, 2011). In contrast, nonorganizational or private religiousness consists of behaviors such as prayer, meditation, and scripture reading (Ellison et al., 2011; Hall et al., 2008) and “spiritual experiences relevant to God or a Higher Power” (Cheung & Yeung, 2011, p. 378).

Benda et al. (2006) questioned the use of religious service attendance as an indicator of religiousness; however, this concern seems best limited to research on adolescents living at home under the direct influence of their parents. Also, the concern seems tied to attempts to study religiousness as a multidimensional construct consisting of private and public dimensions, as well as cognitive and affective dimensions, in addition to behaviors (Hall et al., 2008; P. C. Hill & Pargament, 2003). Nevertheless, the preponderance of existing research evidence seems to suggest that religious service attendance can be a valid indicator of religiousness (Brenner, 2011; Cheung & Yeung, 2011; Ellison et al., 2011; Hall et al., 2008; McCullough & Willoughby, 2009), particularly in relation to alcohol use (Kendler & Myers, 2009). McCullough and Willoughby (2009) conducted

an extensive review of the literature and concluded that the consistent empirical finding of an association between religiousness, including religious service attendance, and various indicators of well-being is largely due to the self-regulating function of relating to the sacred. Religious involvement provides individuals with mechanisms for monitoring their emotions and behavior and, when necessary, methods for adjusting their behavior to align with prosocial ideals or goals (McCullough & Willoughby, 2009).

Most of the existing research on religious service attendance and alcohol use involves adolescents and emerging adults, with increased religious service attendance corresponding to lowered levels of alcohol use (Benda et al., 2006; Galen & Rogers, 2004; T. D. Hill et al., 2009; Kendler & Myers, 2009; Walker et al., 2007). Despite the evidence for the direct effect of religious service attendance on lowered alcohol use, there remains a need to examine the moderating effects of religiousness in relation to alcohol use (T. D. Hill et al., 2009). There is support, however, for conceptualizing religiousness as a moderator that buffers associations between risk factors and alcohol use. Multidimensional measures of religiousness, which subsume religious involvement indicators and also assess religious salience and beliefs, demonstrated moderating effects. For example, the importance of religion in daily living buffered the association between life stress and adolescent substance use, both concurrently and longitudinally (Wills, Yaeger, & Sandy, 2003), and engagement in religious activities buffered the association between exposure to community violence and emerging adult substance use (Fowler, Ahmed, Tompsett, Jozefowicz-Simbeni, & Toro, 2008).

Self-Regulation and Alcohol Use

Not examined within the existing parentification and alcohol use literature is the influence of self-regulation on alcohol use. Self-regulation can be defined as the ability to self-monitor emotions and behavior and adjust behavior to align with prosocial ideals or goals (McCullough & Willoughby, 2009). In addition, self-regulation consists of planfulness, problem-solving ability, and the capacity to self-soothe (Wills, Pokhrel, Morehouse, & Fenster, 2011). Previous research findings demonstrate consistent associations between difficulties in emotional and behavioral self-regulation and increased alcohol use (e.g., Cooper et al., 2008; Fischer et al., 2007; Molnar, Sadava, DeCourville, & Perrier, 2010; Simons, Carey, & Gaher, 2004; Simons, Gaher, Correia, Hansen, & Christopher, 2005; Wills et al., 2011). Simons et al. (2004), for example, found that affect lability and impulsivity significantly predicted alcohol-related problems, which was confirmed in later research (Simons & Carey, 2006; Simons et al., 2005).

Differentiation of Self

Differentiation of self (DoS) is a developmental construct from Bowen's family systems theory (Kerr & Bowen, 1988) and is defined as the capacity for emotional self-regulation and the ability to regulate the relational impulses of

separateness and togetherness (Skowron & Dendy, 2004; Skowron, Holmes, & Sabatelli, 2003; Skowron & Schmitt, 2003). Research involving DoS demonstrates associations with various indicators of well-being (e.g., Hooper & DePuy, 2010; Sandage & Jankowski, 2010; Skowron et al., 2003). In addition, research findings generally support the role of DoS as a mediator between various predictors of prosociality or risk and psychosocial outcomes (e.g., Hooper & DePuy, 2010; Jankowski et al., 2013; Jankowski & Sandage, 2012; Sandage & Jankowski, 2010).

One mechanism by which parentification is associated with maladjustment appears to be through lowered self-regulation capacity, as measured by DoS. For example, Jankowski et al. (2013) found a significant indirect effect between the parentification dimension of perceived unfairness and mental health symptoms through DoS in a sample of college students. Increased levels of engagement in the instrumental and emotional parentification tasks corresponded with increased perceived unfairness, which corresponded to decreased DoS, and decreased DoS corresponded to increased mental health symptoms.

The Current Study

On the basis of the reviewed literature, we tested a conditional effects model of the relationship between parentification and alcohol use, with religious service attendance as a moderator and DoS as a mediator (see Figure 1). We hypothesized the following:

Hypothesis 1: Religious service attendance would moderate the direct effect of perceived unfairness on alcohol use.

Hypothesis 2: (a) There would be a significant indirect effect between perceived unfairness and alcohol use through DoS, and (b) religious service attendance would moderate the significant indirect effect.

Our investigation was prompted by the lack of research exploring the association between parentification and alcohol use, and particularly the absence of the dimension of perceived unfairness in the existing literature. Additionally, there is a surprising lack of research examining associations between religiousness and parentification.

Method

Participants

Data were collected on 565 students from a large state university in the southern United States during 2008–2009. The participants ranged in age from 18 to 48 years ($M = 20.78$, $SD = 3.79$). The sample was 81.2% female ($n = 459$) and 18.8% male ($n = 106$), which differed from the institutional profile, which was 53.1% female in 2009. Participants identified as 79.8% ($n = 451$) White American, 14.2% ($n = 80$) Black American, 3.4% ($n = 19$) mixed race,

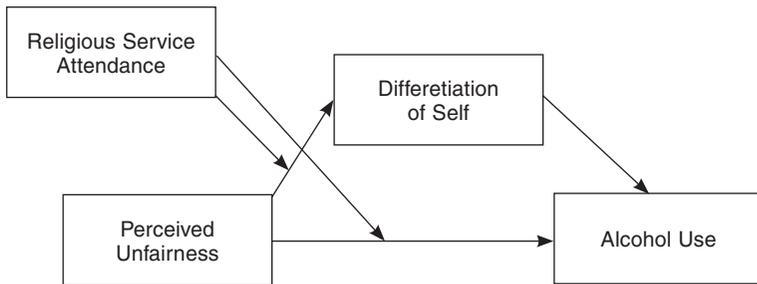


FIGURE 1

Proposed Conditional Effects Model Predicting Alcohol Use With Religious Service Attendance as the Moderator of the Direct and Indirect Effects

0.7% ($n = 4$) Hispanic, 0.5% ($n = 3$) Asian or Asian American, 0.5% ($n = 3$) Native American, and 0.5% ($n = 3$) other; this profile is comparable with the institutional profile of 81.5% White American and 11.7% Black American in 2009. Two participants did not provide data on race. Ninety-four percent of the participants ($n = 532$) identified Christianity as their religion or specified a Christian denomination, whereas 4.6% ($n = 26$) claimed no religious affiliation and 1.2% ($n = 7$) identified a religion other than Christianity.

Procedure

Following institutional review board approval, participants were recruited for a study on childhood roles and responsibilities and adult psychosocial functioning. A web-based survey was used. The electronic invitation included a description of the study, a link to the survey, and an informed consent form. Extra course credit was provided as an incentive and compensation for participating in the study.

Measures

Parentification. The Parentification Questionnaire (PQ; Jurkovic & Thirkield, 1998) is a 30-item, self-report instrument that retrospectively assesses the three dimensions of parentification: instrumental tasks, emotional tasks, and perceived unfairness of the parentification process (PQ-UN). Only the PQ-UN scale was used in the current study. Participants rated how true the statements were on a 5-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*). An example item from the PQ-UN scale is “In my family I often made sacrifices that went unnoticed.” Higher scores reflect greater perceived unfairness. Cronbach’s alphas for the PQ subscale scores ranged from .82 to .92 (Burnett, Jones, Bliwise, & Ross, 2006; Hooper & Wallace, 2010; Jurkovic et al., 2001; Kelley et al., 2007), and construct validation evidence exists for conceptualizing parentification as a three-dimensional construct (Hooper & Wallace, 2010). For the current study, the PQ-UN scale had an alpha of .89.

DoS. The Differentiation of Self Inventory–Revised (DSI-R; Skowron & Schmitt, 2003) is a 46-item, self-report measure used to assess the Bowen theory construct of DoS. Two of the subscales assess the intrapersonal aspects of differentiation (“I” Position, Emotional Reactivity), whereas the other two subscales (Fusion With Others, Emotional Cutoff) assess the interpersonal dimension (Skowron & Schmitt, 2003). Participants rated how true the items were about them on a scale from 1 (*not at all true of me*) to 6 (*very true of me*). Higher scores reflect greater DoS. A sample item is “At times my feelings get the best of me and I have trouble thinking clearly.” Evidence for the construct validity of DoS as measured by the DSI-R exists, supporting its use as a measure of the intra- and interpersonal dimensions of self-regulation capacity (Skowron & Dendy, 2004; Skowron et al., 2003; Skowron & Schmitt, 2003). Skowron and Schmitt (2003) obtained an internal consistency score of .92 on the full scale. For the current study, the alpha for the full scale score was .88.

Alcohol use. The Alcohol Use Disorders Identification Test (AUDIT; Saunders, Aasland, Babor, de la Fuente, & Grant, 1993) is a 10-item, self-report instrument that measures alcohol consumption, dependency, and harmful consequences. The three domains can be used as distinct subscales (Saunders et al., 1993), although factor-analytic work generally supports a two-factor solution of consumption items (Items 1–3) and dependence/consequences items (Items 4–10; Shields, Guttmanova, & Caruso, 2004). There is evidence, however, that supports a single-factor solution with college students consisting of Items 1–10 (Shields et al., 2004). Participants rated how true the statements were on a 5-point Likert scale from 0 (*never*) to 4 (*daily or almost daily*). Higher scores reflect greater symptomatology and problematic behavior related to alcohol. AUDIT scores have shown good validity and reliability, including cultural validity (Reinert & Allen, 2007; Shields et al., 2004). Cronbach’s alpha for the AUDIT was .78 for the current study sample.

Religiousness. Religiousness was assessed using a single-item that asked, “How many times per month do you attend a religious service or church?” Participants responded to a 5-point scale (*none, 1–2, 3–5, 6–9, or 10 or more*). For the purposes of conditional effects analysis, the five categories were collapsed into two conceptually broader categories: participants responding none (coded 1) and participants indicating attendance at religious services one or more times per month (coded 2). The recoding resulted in a dichotomous variable to the question of religious service attendance and, therefore, provided a valid measure of nonattenders and attenders (e.g., Brenner, 2011; Mueller, Bensyl, Vesely, Oman, & Aspy, 2010). Previous dichotomous operationalizations of religious service attendance demonstrated consistent associations with health outcomes (Hall et al., 2008).

Data Analysis

We examined the data for outliers and normality. No univariate outliers were identified (i.e., no *z* scores were > 4.00 and < –4.00). The variables of

perceived unfairness and alcohol use exhibited both problematic univariate skew (i.e., skewness critical ratios were greater than 3.00 or less than -3.00) and univariate kurtosis (i.e., kurtosis critical ratio > 3.00). Multivariate normality was violated (i.e., multivariate kurtosis critical ratio > 1.96). The sample size, however, was large enough to justify ordinary least squares analyses despite multivariate nonnormality and problematic skew and kurtosis values (Hair, Black, Babin, Anderson, & Tatham, 2006).

Results

Table 1 contains descriptive statistics and bivariate correlations for the variables used in the conditional effects analysis. We examined age, gender, and religious service attendance in relation to each of the variables and observed small to moderate effect sizes for the significant associations. Race was not examined because of the small sample sizes in some of the groups. Age correlated positively with DSI-R scores ($r = .11, p = .01$) and negatively with the AUDIT ($r = -.12, p = .002$). Participants differed by gender on PQ-UN scores, with men scoring higher than women, $F(1, 563) = 10.48, p = .001, d = .35; M = 19.41, SD = 7.01$ for men ($n = 106$) and $M = 16.92, SD = 7.16$ for women ($n = 459$). Men also scored higher than women on the DSI-R, $F(1, 563) = 4.02, p = .05, d = .39; M = 4.17, SD = 0.52$ for men and $M = 3.96, SD = 0.57$ for women. Religious service attendance demonstrated an association with the AUDIT and revealed a moderate effect size, $F(1, 563) = 22.80, p < .001, d = .47$, as those who reported not attending religious services ($n = 120, M = 6.74, SD = 5.09$) scored significantly higher than those who responded attending religious services ($n = 445, M = 4.51, SD = 4.39$).

Tests for Conditional Effects

We analyzed conditional effects using PROCESS (Hayes, 2012a, 2012b), which is an SPSS macro for examining models with direct, indirect, and conditional effects. More specifically, we examined the effects of the moderator on the paths between PQ-UN and AUDIT (Hypothesis 1) and between PQ-UN and

TABLE 1

Descriptive Statistics and Bivariate Correlation Matrix of Perceived Unfairness, Differentiation of Self, and Alcohol Use

Item	1	2	3
1. Parentification Questionnaire–Unfairness	—		
2. Differentiation of Self Inventory–Revised	-.36**	—	
3. Alcohol Use Disorders Identification Test	.12*	-.20**	—
<i>M</i>	17.39	4.00	4.98
<i>SD</i>	7.19	0.57	4.63
Range	10.00–41.00	2.56–5.53	0.00–22.00

Note. $N = 565$.

* $p < .01$. ** $p < .001$.

DSI-R scores (Hypothesis 2), which corresponds to Hayes's (2012a) conditional effects Model 8. For Hypothesis 1, analysis indicated a significant interaction effect suggesting that religious service attendance moderated the direct effect between PQ-UN and AUDIT ($B = -.13$, $SE = .06$, $t = -2.03$, $p = .04$), $F(6, 558) = 10.04$, $p = .00$, $R^2 = .10$. The negative coefficient suggests that the direct effect is larger for those not attending religious services. Conditional direct effects were subsequently calculated at each value of the moderator. For those participants who responded as not attending religious services, the conditional direct effect was significant ($B = .13$, $SE = .06$, $t = 2.28$, $p = .02$). For participants who responded attending religious services, the conditional direct effect was nonsignificant ($B = .003$, $SE = .03$, $t = 0.08$, $p = .94$).

We found mixed support for Hypothesis 2. More specifically, a significant indirect effect was observed (Hypothesis 2a), whereas the hypothesized moderation of the path from PQ-UN to DSI-R was not supported (Hypothesis 2b). A nonsignificant interaction effect was observed ($B = .002$, $SE = .007$, $t = 0.28$, $p = .78$), $F(5, 559) = 25.70$, $p = .00$, $R^2 = .19$, indicating that there was no difference between the significant indirect effect at different levels of religious service attendance (nonattenders: $B = .046$, $SE = .02$, 95% confidence interval [CI] [.02, .08], 1,000 bootstrap samples; attenders: $B = .044$, $SE = .01$, bias-corrected (BC) 95% CI [.02, .07], 1,000 bootstrap samples). Given the lack of difference between the significant indirect effects, we used PROCESS to examine a conditional effects model with the moderation of the PQ-UN to DSI-R path removed. The indirect effect between PQ-UN and AUDIT through DSI-R was significant ($B = .05$, $SE = .01$, BC 95% CI [.02, .07], 1,000 bootstrap samples; see Model 5, Hayes, 2012b).

Discussion

The results of this study indicated that participants attending religious services reported significantly lower alcohol use than those not attending religious services. In addition, the results of the conditional effects analyses revealed mixed support for the hypothesized model (see Figure 1). A significant interaction effect was observed, suggesting a difference in the direct effects at different levels of religious service attendance. For participants who did not attend religious services, increased perceptions of unfair parentification corresponded to increased alcohol use, whereas the direct effect for participants who attended religious services was nonsignificant. In contrast, for both attenders and nonattenders of religious services, the indirect effect was significant, as perceived unfairness corresponded to decreased self-regulation, as measured by DoS, and lowered self-regulation corresponded to increased alcohol use. Thus, although religious service attendance did not alter the mechanism by which perceived unfairness was associated with increased alcohol use, the observed moderating effect indicates that a different process is involved in predicting alcohol use for those attending religious services compared with those not attending religious services. The findings add to the existing literature by offering empirical support for (a) self-regulation as

a mechanism of the association between parentification and alcohol use, (b) the protective function of religiousness on the association between parentification and alcohol use, and (c) the positive association between difficulties in self-regulation and alcohol use.

First, differential outcomes are noted in the existing parentification literature (Hooper, 2011); parentification has potential for both positive and negative consequences (e.g., East, 2010; Fitzgerald et al., 2008; Hooper et al., 2008). Nevertheless, the majority of research over the past 40 years demonstrates an association between increased parentification and negative psychosocial outcomes for the parentified individual (e.g., Earley & Cushway, 2002; Hooper, DeCoster, et al., 2011). Despite the considerable amount of research on parentification, little is known about the factors and processes involved in the differential outcomes, although some authors have noted that the negative consequences seem more pronounced at excessive or prolonged levels of parentification (Hooper, 2013; Jurkovic, 1998). We suggest that the findings of the current study mean that the self-regulatory functioning of the parentified individual accounts for some of the differential associations noted in the literature. Given the empirical support for conceptualizing DoS as an indicator of self-regulation along intra- and interpersonal dimensions (e.g., Jankowski & Sandage, 2012; Sandage & Jankowski, 2010; Skowron & Dendy, 2004; Skowron et al., 2003), the current findings can be interpreted to suggest that perceptions of inequitable relating in the context of providing emotional and instrumental caregiving can have dysregulating consequences that correspond to increased alcohol use.

Second, our findings support the notion that religious service attendance can have a protective effect on the positive association between parentification and alcohol use (Hooper, Doehler, et al., 2011; Locke & Newcomb, 2004; Morissette et al., 2006; Stein et al., 1999). The results are also consistent with prior research demonstrating a buffering effect of religiousness on the association between risk factors and substance use (Fowler et al., 2008; Wills et al., 2003). Given that we did not observe a conditional indirect effect suggestive of a self-regulating function unique to religious service attendance in the proposed model, the regulatory influence of religious service attendance appears to not have been captured by our operationalization of self-regulation using DoS, or it may be that religious service attendance does not have an influence on the dysregulating consequence of perceived unfair parentification. Nevertheless, religious service attendance seems to hold potential as a regulating factor. For example, the communal aspect of religious service attendance may connect to the self-regulating function of close personal relationships (T. Jackson, MacKenzie, & Hobfoll, 2000; Jankowski & Sandage, 2011), because experiences of safety and support can facilitate self-regulation (Jankowski & Sandage, 2011). The communal aspect of religious service attendance could also foster self-regulation through monitoring one's behavior relative to others' and receiving feedback from others within the social network (T. Jackson et al., 2000), referred to as "self-in-social-setting regulation" (T. Jackson et al., 2000, p. 276). Religious service

attendance might also be a means of communing with Deity, thereby having a regulatory influence (Jankowski & Sandage, 2011, 2012; Maltby, Lewis, & Day, 2008). Finally, the protective function of religious service attendance may also be connected to a peer social network that promotes prosocial adjustment (Crawford, Wright, & Masten, 2006).

Third, the results of our study are consistent with research that demonstrates associations between self-regulation difficulties and increased alcohol use (e.g., Cooper et al., 2008; Molnar et al., 2010; Simons et al., 2005; Thorberg & Lyvers, 2006). Perceived unfairness seems to correspond to negative emotional experiences (B. Jackson, Kubzansky, & Wright, 2006; Katz & Nelson, 2007), whereas increased DoS seems to correspond to decreased negative emotionality (Jankowski & Sandage, 2012). Furthermore, parentification demonstrated an association with shame (Wells & Jones, 2000) and an association with family unpredictability (Burnett et al., 2006), with the latter characterized by self-regulation difficulties. In addition, Thorberg and Lyvers (2006) found that DoS demonstrated an association with decreased alcohol use. The current findings offer support for religious service attendance as a buffer of alcohol use in the context of the dysregulating influence of perceived unfair parentification.

Clinical Implications

The identification of a relevant mediator and moderator of the parentification–alcohol use association seems to suggest two novel implications for clinical practice, with particular application for working with parentified college students: (a) the importance of assessing perceived unfairness and (b) the use of clients' religious involvement as a protective resource. First, perceived unfairness as a clinical construct seems to draw little explicit attention in the family research and practice literature. The importance of addressing self-regulation in counseling has drawn significant attention, including attention to relational injustice as a source of emotional dysregulation in the context of individual and systems work (Greenberg, Warwar, & Malcolm, 2008, 2010) and attention to the affective–motivational dimension in drug and alcohol counseling specifically (e.g., Diamond, 2000; DiClemente, 2003; Sher & Grekin, 2007). Affect regulation difficulties seem to be associated with a host of individual-level and relational difficulties (Greenberg, 2002). The unique contribution presented here is the assessment of perceived unfairness of parentification processes as a particular form of relational injustice that may be contributing to an individual's self-regulation difficulties.

A second implication consists of integrating clients' ways of relating to the sacred into the counseling process, and perhaps especially so (a) for college students who identify as religious or use religious language to make meaning of their experience, and (b) when the clinical work involves problems related to alcohol use (e.g., Delaney, Forcehimes, Campbell, & Smith, 2009; Diamond, 2000). Integrating clients' ways of relating to the sacred appears tied to ethical and multiculturally competent clinical practice (e.g., Steen, Engels, & Thweatt, 2006; Watson, Herlihy, & Pierce, 2006), which seems to rest on the

counselor's capacity for self-regulation. The counselor's awareness of her or his intra- and interpersonal responses in the here and now of relating to the client, coupled with the capacity for modifying her or his responses to align with ethical and multiculturally competent ideals, seems foundational to effective integration. Additionally, ethical and culturally competent integration seems to involve working from within the client's meaning-making processes, open dialogical counselor positioning, and respect for diversity, all of which seem to apply equally to religious-identifying clients and those who do not identify as religious.

Drawing on religiousness as a resource in counseling might involve identifying significant interpersonal relationships within the client's religious community and assessing the potential for these relationships to provide felt attachment security for the client, and thereby promote a self-regulating influence (Jankowski & Sandage, 2011). Counselors might also explore the ways in which the client experiences felt security in the client-Deity relationship through religious service attendance and through religious practices such as prayer and meditation, which seem to correlate highly with self-regulation (e.g., Jankowski & Sandage, 2011; Maltby et al., 2008). Additionally, counselors might consider promoting increased interpersonal DoS (Kerr & Bowen, 1988), which is described as a religious practice when the client's relationship with Deity is used to differentiate from family-of-origin relationships (Jankowski & Vaughn, 2009). Differentiating from parentification processes may consist of coaching the client on carrying out parental-type responsibilities and care for family members while finding ways to meet her or his own needs.

Limitations and Future Research

Our sample predominantly identified Christianity as their religion and consisted of mostly White female students from a public university in the southern United States; therefore, the sample demographics place some limitations on the generalizability of the findings. Also of note are limitations associated with measuring religious service attendance in a college sample and generalizing the findings to non-college-attending emerging adults.

Studies are needed that attend more closely to racial diversity (Hooper, 2011), given evidence of racial differences in parentification processes (Jurkovic et al., 2001) and alcohol use motivations (Cooper et al., 2008). Jurkovic et al. (2001) found that Black college students reported more instrumental caregiving than White students, yet they observed no group differences on perceived unfairness. Cooper et al. (2008) noted that "White drinkers, in contrast, reported significantly higher levels of enhancement motives at baseline than their Black counterparts, a difference that was maintained into the early 30s" (p. 496). Future research might also attend more closely to gender differences in the association between parentification and alcohol use. Previous research has observed gender variations in the association between family risk factors and alcohol use through self-regulation (Fischer et al.,

2007) and found that women tended to engage in more family caretaking (East, Weisner, & Slonim, 2009).

Existing research typically demonstrates a decline in religious involvement during emerging adulthood, including religious service attendance (Petts, 2009; Stoppa & Lefkowitz, 2010). The decline may in part be due to constraints unique to attending college, such as transportation and increased time demands, but may also be due to the students' increased autonomy from parents who may have required religious service attendance while living at home (Benda et al., 2006). Given these circumstances, assessing religious service attendance among college students seems to tap into the commitment aspect of religiousness (Cheung & Yeung, 2011) and therefore holds potential as a particularly relevant indicator of the extent of one's involvement with the sacred.

Research using national survey data to compare college- and non-college-attending emerging adults in the United States seems to suggest that college attendance is a risk factor for increased hazardous alcohol use (e.g., Chen, Dufour, & Yi, 2004/2005; Slutske, 2005), thus placing limits on the generalizability of the findings to non-college-attending emerging adults. However, Bingham, Shope, and Tang (2005) noted that both college- and non-college-attending emerging adults seem to be at increased risk for hazardous alcohol use.

Future research could meaningfully expand the model presented here by including unaccounted-for variables and alternative operationalizations of religiousness. First, variables that have demonstrated consistent associations with alcohol use and that were not directly assessed in the current study include parental alcohol use (Fischer et al., 2007), expectancies about substance use (Galen & Rogers, 2004), and alcohol use motives (Molnar et al., 2010). Second, future research could operationalize religiousness with indicators such as frequency or type of prayer, or perhaps move beyond individual-level indicators and assess family religious involvement (Hooper & Newman, 2011). Additionally, measures of religious motivation and salience could further clarify the association between parentification and alcohol use, particularly given previous findings of their negative associations with alcohol use (Chwala, Neighbors, Lewis, & Lee, 2007; Galen & Rogers, 2004). Finally, studies of the association between parentification and alcohol use may be conducted with increased religious diversity or be carried out in cross-cultural contexts.

Conclusion

This study examined the complexity of parentification processes through the use of a conditional effects model and, in doing so, addressed the need for examining both moderators and mediators of the association between parentification and psychosocial outcomes. The results supported the notion that parentification is associated with difficulties in self-regulation and that this difficulty in part accounts for the variability in outcomes observed in the existing literature. The findings also further supported the notion that the perception of having engaged in unfair parental roles and responsibilities as children is associated

with detrimental outcomes. The findings add to the literature exploring the protective function of religiousness in associations between family risk factors and maladjustment. Religious service attendance moderated the direct effect of the family risk factor of perceived unfairness on increased alcohol use.

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