

# Race/Ethnicity, Gender, Parentification, and Psychological Functioning: Comparisons Among a Nationwide University Sample

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Lisa M. Hooper<sup>1</sup>, Sara Tomek<sup>1</sup>, Justin M. Bond<sup>1</sup>, and Meagan S. Reif<sup>1</sup>

## Abstract

Childhood parentification has been reported to have enduring effects on psychological, relational, and physical functioning across the life span. Few studies have examined the implications of race/ethnicity and gender on the levels of parentification. We examined racial/ethnic and gender differences in 977 American college students (81% female, 5% Latino/Latina American, 10% Black American, and 85% White American) who reported a history of childhood parentification. We also examined the extent to which current level of functioning (as indicated by self-rated depressive symptoms, well-being, and posttraumatic growth) is associated with parentification in the current nationwide sample (mean age = 21.39,  $SD = 5.84$ ). Overall, we found differences in parentification scores based on race/ethnicity and gender. Males had significantly higher levels of parentification than females; this finding was consistent across all racial/ethnic groups. White Americans reported lower levels of parentification compared to Black Americans and Latino/Latina Americans, who shared similar parentification levels. Both gender and race/ethnicity affected some—but not all—of the significant relations among study variables as well. Latino/Latina Americans appeared to receive positive psychological benefit from parentification, while this was not true of Black Americans and White Americans. Future researchers and family counselors should develop research studies and pose clinical questions that account for cultural differences in the assessment and treatment of parentification and its possible wide-ranging aftereffects. The results of the current study suggest that both the benefits and detriments associated with parentification should be considered equally in practice and research.

## Keywords

parentification, race/ethnicity, gender, college students, depressive symptoms, well-being, posttraumatic growth

The term *parentification* was introduced by family systems theorists Minuchin and colleagues (Minuchin, Montalvo, Guerney, Rosman, & Schumer, 1967), who asserted that in the process of parentification, “the parent(s) relinquishes executive functions by delegation of instrumental roles to a parental child or by total abandonment of the family psychologically and/or physically” (p. 219). Other terms used interchangeably with *parentification* have included *adultification* (Burton, 2007), *spousification* (Sroufe & Ward, 1980), *role reversal* (Macfie, McElwain, Houts, & Cox, 2005), *adultoids* (Galambos & Tilton-Weaver, 2000; Greenberger & Steinberg, 1986), *little parent* (Byng-Hall, 2008), *mature minor* (Garber, 2011), and *young carers* or *young caregivers* (Aldridge & Becker, 1993; Siskowski, 2006). Garber (2011) provided a comprehensive review of how some of these terms may be defined, operationalized, and differentiated.

Since 1960, the negative outcomes associated with parentification have been significant, expansive, and unwavering (Minuchin et al., 1967; Pasternak & Schier, 2012). The empirical literature has shown that depressive symptoms, attachment disturbances across the life span, alcohol use and dependence, personality disturbances, trauma and adversity, disordered

eating signs and symptoms, and eating disorders are all associated with parentification (Garber, 2011; Hooper, DeCoster, White, & Voltz, 2011; Jankowski & Hooper, 2014; Pasternak & Schier, 2012). Consequently, the trend has been for researchers to focus on when negative outcomes emerge from parentification; for whom parentification serves as a significant adverse event and process; and under what individual- and family-level conditions negative outcomes are derived, amplified, or exacerbated.

In contrast, few researchers have explored the exceptions to these negative outcomes, or even the possibility of positive outcomes; that is, for whom, and under what individual- and family-level conditions, well-being or posttraumatic growth may

<sup>1</sup> Department of Educational Studies in Psychology, Research Methodology, and Counseling, The University of Alabama, Tuscaloosa, AL, USA

## Corresponding Author:

Lisa M. Hooper, Department of Educational Studies in Psychology, Research Methodology, and Counseling, The University of Alabama, Tuscaloosa, AL 35487, USA.

Email: lhooper@bamaed.ua.edu

occur (Gilford & Reynolds, 2011; Hooper, Marotta, & DePuy, 2009; Kuperminc, Wilkins, Jurkovic, & Perilla, 2013; Shin & Hecht, 2013; Telzer & Fuligni, 2009). Importantly, select researchers have contended that the most complete clinical picture of the diverse antecedents, family systems contexts, and outcomes of parentification can be clarified by establishing a balanced approach to examining parentification, meaning investigations that consider a range of outcomes: both symptoms of pathology and well-being (see Byng-Hall, 2008; East, 2010; Hooper, 2013; Kuperminc et al., 2013; Telzer, Gonzales, & Fuligni, 2013).

Researchers have also encouraged new investigations that challenge myopic views related to cultural factors (Gilford & Reynolds, 2011; Hooper, 2013; Kam, 2011). Examples of these views include the presupposition that rates of parentification will be higher in females than in males and hypotheses that fail to investigate the extent to which cultural factors may mediate or moderate outcomes associated with parentification. The central thesis of several recent discussions is that the intersection of cultural factors such as race/ethnicity and gender might relate to disparate outcomes (Shin & Hecht, 2013).

In addition, parentification experienced in families described as collectivistic may be related to fewer deleterious outcomes than parentification experienced in families characterized as individualistic (Hall, 2013). Indeed, a consideration of the family structure is important as well, although examinations of parentification often focus on the individual. The family system and structure in which parentification takes place are often, by definition, embedded in or composed of (a) subsystems (parental, child, and sibling) with loose or nonexistent boundaries (Kerig, 2005); (b) inverted hierarchies, where the child acts as the parent and the parent acts as the child (Minuchin et al., 1967); and (c) systems (family, community, and neighborhood) in which every day and chronic stressors (e.g., parents with serious medical conditions, divorce, significant crime, and low-resource communities), adversity, and sometimes trauma are present (Burton, 2007; Dearden & Becker, 2000; Garber, 2011; Hall, 2013; Hooper, 2007b; Stein, Riedel, & Rotheram-Borus, 1999). Consequently, the most comprehensive and fine-grained studies are multipronged and take into account the cultural, individual, and familial psychology and the neighborhood and community ecology in which parentification takes place (Hall, 2013; Telzer et al., 2013; Ungar, Ghazinoor, & Richter, 2012).

Unfortunately, not all empirical studies can include multiple systems and layers in their investigations. However, two important steps in extending the clinical and empirical literature are purposeful examinations of (a) cultural factors such as race/ethnicity and gender and (b) positive outcomes that may be associated with parentification. New investigations could add to the past 50 years of research and inform future investigations as well as culturally tailored and competent clinical therapeutic practices (Cree, 2003; East, 2010; Gilford & Reynolds, 2011; Hall, 2013; Hooper, 2013; Kam, 2011; Shin & Hecht, 2013). The next section briefly describes the literature on race/ethnicity, gender, and parentification.

## Literature Review

### *Parentification and the Implications of Race/Ethnicity*

The empirical evidence that Black Americans and Latino/Latina Americans are more likely to be economically disadvantaged than other racial/ethnic groups cannot be ignored. This disadvantage might lead Black and Latino/Latina Americans to experience parentification at higher rates than White Americans. Furthermore, in some of these family systems, fathers are less likely to be present, possibly causing the father's would-be roles to be distributed among the rest of the family members, including the children (Burton, 2007). These ideas are echoed by Bittman, Fisher, Hill, Thompson, and Thomson (2004), who found that youth who have been parentified are more likely to be poor and to live in single-parent households—two attributes more prevalent among racial minorities.

Among foreign-born immigrant families, cultural brokering and language brokering are vital and usually expected, thereby requiring children to assume more active roles in their families (Burton, 2007; Chao & Otsuki-Clutter, 2011). If one considers family structure and socioeconomic factors, one might hypothesize that underserved, racially/ethnically diverse minorities are far more likely to experience parentification. However, this hypothesis was not supported by Castro, Jones, and Mirsalimi (2004). Their study, composed of college students, found no differences in rates of parentification among Black American, White American, and Asian American participants.

Burton (2007) argued that community cohesion is an aspect of social capital and is a crucial predictive construct for outcomes associated with parentification. Nebbitt and Lombe (2010) found that community cohesion coupled with adultification (or parentification) mediates depressive symptoms in urban, economically disadvantaged, Black American youth. Nebbitt and Lombe also reported that an inverse association between depressive symptoms and instrumental adultification levels emerged in their study. In addition, they found that females in their urban Black American sample were parentified at a higher rate than their male counterparts. Finally, McMahon and Luthar (2007) found that Black Americans ( $N = 356$ ) were more likely to engage in instrumental parentification and that Black Americans frequently have the responsibility of caring for siblings. They also found that 53% of the youth had parents who abused drugs and alcohol, and 46% of the households in their study were categorized as single-parent families.

One interesting systemic process that may exist in single-parent families—possibly with greater frequency in Black American families than in those of other races/ethnicities—is transference of negative feelings harbored by a mother for an absent father (Anderson, 1999). This systemic pattern, discussed by Lowe (2000), can result in a phantom triangulation process in which a child is a third party who is pulled into the parent's relationship and into emotional and attachment issues. Of the 12 males, mostly Black Americans, in Lowe's study, all participants had been parentified at some point in their lives. This research is informative, given that over half of Black American children in the United States live in single-parent

homes—mostly with their mothers (U.S. Census Bureau, 2004, 2012).

Researchers have commented on the criticality of the family system and ecology in which parentification takes place. For example, Johnson (2013) and Burton (2007) contended that in the assessment and treatment of families where parentification exists, determining the extent to which social support and extended family members are available to assist the parentified family member is paramount. In Black American families, kinships and kin may buffer or exacerbate the negative outcomes associated with parentification (Johnson, 2013). In her description of the importance of kinships and fictive kin, Hall (2013) asserted “the clinician should routinely evaluate how the social support system impacts treatment either negatively or positively” (p. 491). With relevance to the current study, Hall also reported on the importance of the benefits and satisfaction that may be evinced in Black American families when parentification exists. She suggested that these roles, responsibilities, and relationships—in particular with siblings—may engender a source of satisfaction and competence for the parentified individual and for other family members.

Recently, researchers investigating parentification in other ethnic groups also have considered the extent to which parentification may relate to cultural-specific factors and disparate outcomes (Kuperminc et al., 2013; Shin & Hecht, 2013; Telzer et al., 2013). Some findings indicate that Latino/Latina American families may be more likely to have children take on adult, parent-like roles. Latino/Latina American youth are often required to act as cultural brokers: for example, by helping family members to acculturate to a new culture; by managing or coordinating family finances, health care, and social services; or by translating for family members in the community (Burton, 2007; Chao, 2006; Kam, 2011; Kuperminc et al., 2013). Some researchers have suggested that family members’ negative attitudes about cultural brokering often correspond to harmful behaviors and health-related effects. For example, Kam (2009) found that Latino/Latina American youth who engage in cultural brokering experience acculturation stress, depression, increased use of cigarettes, and increased risk of alcohol abuse. However, Kam also reported that Latino/Latina youth in her study experienced some positive outcomes when they exhibited positive attitudes about cultural brokering and recognized its benefits, such as being able to read English faster and achieving higher grades in school.

Kam (2011) later conducted a longitudinal study ( $N = 684$ ) that focused on the link between levels of parentification and risky behavior. She found that youth who perceived cultural brokering as a positive act and a positive contribution to the family system reported higher levels of parentification, compared to those youth who considered cultural brokering as an embarrassing and stressful process. In addition, Kam found that parentification as a result of language brokering had no significant relation to risky behaviors, such as alcohol or substance abuse. Both of Kam’s (2009, 2011) studies suggested the potential for both positive and negative outcomes to be evidenced from an individual’s experiences with parentification.

The range of deleterious or beneficial outcomes that individuals face as a result of parentification appears to depend on many factors, including personal experiences, interactions within their family, and whether their culture and family support or culturally sanction parentification.

Telzer and Fuligni (2009) found that Latino/Latina youth in their study ( $N = 232$ ) performed more family assistance and caregiving responsibilities than did children from Asian American and White American backgrounds. Asian American children were the second most involved in parentification, whereas White Americans were the least involved in carrying out roles, responsibilities, and relationships related to parentification. In addition, among these three racial/ethnic groups in Telzer and Fuligni’s study, gender was not found to be a significant predictor of the amount of family caregiving. Black American youth, however, did not participate in this important study. Telzer and Fuligni, whose study was one of the few to assess for wellness, also found that the strength of the association between parentification and happiness was strongest in adolescents whose fathers typically worked fewer hours.

In another study that investigated both positive and negative outcomes of parentification in Latino families ( $N = 199$ ), Kuperminc, Wilkins, Jurkovic, and Perilla (2013) found that while high levels of family caregiving (i.e., parentification) and low levels of perceived fairness were associated with psychological distress, family caregiving was also associated with interpersonal self-efficacy and cooperative behavior. Unlike Telzer, Gonzales, and Fuligni’s (2013) findings, there were no significant differences in amount of assistance provided with regard to gender.

In contrast to Telzer and Fuligni’s (2009) findings, East and Weisner (2009) found that caregiving among Latino/Latina Americans can be harmful. In their study composed of 110 Latino/Latina youth who were either brothers or sisters of a pregnant teenager, East and Weisner found that the number of hours spent in caretaking is positively associated with frequent school absences and behavioral problems. They noted important gender difference with regard to school performance and engagement. Female caregivers reported significant negative changes in grades and more disciplinary problems than males did. The researchers’ results also did not support the idea that positive feelings regarding family obligations serve as a protective factor against deleterious outcomes. No such buffering effect was evidenced. On the contrary, East and Weisner found a strong connection between (a) family roles, responsibilities, and obligations and (b) stress levels, school absences, and slipping grades. East and Weisner also reported that females were more likely to provide assistance than males, and older siblings were more likely to take on adult roles than younger siblings were.

There seems to be a lack of consensus in the literature regarding the relation between race/ethnicity and parentification. Telzer and Fuligni (2009) characterized the relation as beneficial, whereas others have provided a potentially negative view of parentification and the associated outcomes (Diaz, Siskowski, & Connors, 2007; East & Weisner, 2009;

Kam, 2009; Kuperminc, Jurkovic, & Casey, 2009). Some scholars have argued that parentification may be both beneficial and detrimental, depending on several individual, contextual, familial, and ecological factors (Byng-Hall, 2008; East, 2010; Hooper, 2013; Kuperminc et al., 2013; Telzer et al., 2013). More research is clearly needed to promote greater understanding of the implications of race/ethnicity for parentification.

### **Parentification and the Implications of Gender**

During earlier periods (1970–1990s), both clinicians and researchers widely assumed that females were parentified to a greater extent than males. In fact, some instruments designed to assess parentification were developed and piloted solely with female samples (see Mika, Bergner, & Baum, 1987). Thus far, the scant research that has focused on gender differences has produced equivocal results. Because females typically have a considerable capacity for empathy, some scholars have suggested that parents might seek emotional support from female children more often than from male children (Garber, 2011; Jurkovic, 1997; Peris & Emery, 2005). Mixed findings in the literature have underscored the complexity of understanding the relation between parentification and gender.

Eley (2004) and Dearden and Becker (1998) found that girls are more likely to engage in roles and responsibilities related to young caregiving—in particular, instrumental parentification. The seminal scholars Dearden and Becker (2004) found in another survey study ( $N = 6,178$ ) that females were more involved than males in all aspects of caregiving. Their study found that 45% of female caregivers were involved in instrumental caregiving, compared to 44% of males. In addition, 22% of females, compared to 13% of males, were involved with emotional parentification. Differences in who experienced parentification were also evidenced in this study: 12% of females versus 8% of males were involved in sibling-focused caregiving. Mayseless, Bartholomew, Henderson, and Trinke (2004) also found in their sample ( $N = 1,212$ ) that females were involved in a role reversal more often than males; however, both genders were more likely to engage in parentification with their mothers than with their fathers. Results of McMahon and Luthar's (2007) study, composed of a racially diverse sample ( $N = 356$ ), suggested that males in economically strained families in which substance abuse and dependence are present are slightly more likely to perform instrumental parentification than are females in the same circumstances.

Although it is infrequently discussed among clinicians, and rarely investigated by researchers, levels of parentification likely vary by gender, and substantial differences likely exist between males and females when race and ethnicity are also considered. The knowledge base on the effects of gender on parentification has been informed by two populations: (a) practitioners who have reported observations seen in their clinical practices and (b) researchers who have examined gender in their empirical investigations. A preliminary finding that has emerged is that when parentification is experienced, females

are more likely to report higher rates of parentification than males (East & Weisner, 2009). However, the research has been mixed, and some researchers have contended that levels of parentification based on gender may be moderated by race (Fuligni, Tseng, & Lam, 1999). Toward this end, Fuligni, Tseng, and Lam (1999) found that family caregiving by adolescents was differentiated by race rather than gender. Kuperminc and colleagues (2013) found no gender differences in levels of parentification in their sample of Latino immigrants.

### **The Present Study**

Individuals who self-report parentification have long been assumed to experience higher levels of psychological distress during adulthood than those individuals who do not experience parentification. These later associations are rarely explored with a specific attention to the impact of race/ethnicity and gender. Because the roles, responsibilities, and relational aspects of parentification may be more aligned with tasks assumed to be sanctioned and endorsed by females, not males, the clinical literature has often adopted and perpetuated the assumption that gender differences exist in parentification, with females experiencing higher levels of parentification than males do. Similarly, because of the additional assistance that the parentified child or adolescent often provides, clinicians and researchers have also contended that parentification may be more prevalent, highly valued, and culturally sanctioned in racially and ethnically diverse families than in White American families. The current study explores these clinically theorized, culturally focused relations. Finally, because varied culture-specific outcomes may be related to parentification, the current study explored both psychopathology and well-being as possible later correlates of childhood family caregiving or parentification.

### **Research Questions**

Because of the dearth of empirical investigations specifically examining the extent to which racial/ethnic and gender differences exist with regard to parentification (East, 2010; Hooper, 2013; Kam, 2011; Telzer & Fuligni, 2009), we used the following four questions focused on race/ethnicity and gender to guide our exploratory study. We also included variables that the literature has found to be associated with the later effects of parentification. Social desirability was included to determine whether study constructs were related to various self-reporting styles.

1. To what extent are there differences in the level of parentification based on gender?
2. To what extent are there differences in the level of parentification based on race/ethnicity?
3. To what extent is the level of parentification a potent predictor of distress (i.e., depressive symptoms), psychological health (i.e., well-being), and growth (i.e.,

posttraumatic growth) in a racially/ethnically diverse sample?

4. To what extent do gender and race/ethnicity moderate the relations between level of parentification in childhood and psychological health (i.e., depressive symptoms, well-being, and posttraumatic growth) in adulthood?

## Method

### Participants and Procedure

The original sample was composed of 1,941 college student participants. However, a total of 890 participants were excluded from the final sample due to missing data. Missing data were due to subjects failing to complete all of the items in the online survey. A total of 80 failed to answer more than 30 questions, but most of the participants failed to answer fewer than 15 items. Average number of missing questions was  $M = 8.69$  (standard deviation [ $SD$ ] = 20.26). Participants were included in the data set only if they fully completed the entire survey. Imputation was not utilized, as our sample size with full completions was sufficiently large (power = .95 to detect slope differences of 0.02). A further exclusion limited the sample to three self-identified racial/ethnic groups—Latino/Latina American, Black American, and White American—given the small number of participants in the sample's other racial/ethnic groups (American Indian,  $n = 5$ ; Asian American,  $n = 29$ ; mixed race,  $n = 26$ ; and other,  $n = 14$ ). Participants in the final sample ( $N = 977$ ) were primarily female college students from American universities across the nation. Participants ranged in age from 18 to 64, with an average age of 21.39 ( $SD = 5.84$ ). The sample was 81% female ( $n = 793$ ) and 19% male ( $n = 184$ ). Participants self-identified as 5% Latino/Latina American ( $n = 50$ ), 10.0% Black American ( $n = 102$ ), and 85.0% White American ( $n = 825$ ). Most participants, 97.0% ( $n = 941$ ), were heterosexual; a few participants self-identified as gay or lesbian, 1.0% ( $n = 11$ ), or as bisexual, 2.0% ( $n = 22$ ). Participants excluded from the analysis ( $n = 890$ ) did not differ based on age ( $M = 21.47$ ,  $SD = 5.41$ ), gender (81% females), nor sexual orientation (96% heterosexual) than the final study sample. As four racial/ethnic groups were purposefully excluded, there are slight differences in the racial/ethnic distribution of the excluded sample; however, within the included racial/ethnic groups (Latino/Latina American, Black American, and White American), frequencies of those removed from analysis (3%, 17%, and 80%, respectively) did not differ significantly from those included in the planned analysis.

Following institutional review board approval, participants were recruited for a study on childhood roles, responsibilities, and relationships and on adult psychological 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 as compensation for the time related to participation in the study. The complete procedure took approximately 30 min.

## Measures

**Demographic survey.** The questionnaire, created for the purposes of this research study, asked for information regarding gender, current age, and sexual orientation. Participants were also asked to report their race and ethnicity. For the purposes of analysis, race/ethnicity was trichotomized into Black American, Latino/Latina American, and White American.

**Parentification.** The Parentification Inventory (PI; Hooper, 2009) is a 22-item retrospective self-report measure that assesses caregiving and parental roles, responsibilities, and relationships usually reserved for adults but carried out by children. The PI also measures the perceived benefits of performing family caregiving and parental roles in one's family of origin. Participants responded to the 22 items using a 5-point, Likert-type scale, ranging from 1 (*never true*) to 5 (*always true*). The PI consists of three subscales: parent-focused parentification (PFP; 12 items), sibling-focused parentification (SFP; 7 items), and perceived benefits of parentification (PBP; 3 items). Items associated with PFP include "I was expected to comfort my parents when they were sad or having emotional difficulties" and "My parent(s) often shared secrets with me about other family members." Items associated with SFP include "I was responsible for making sure that my siblings went to bed every night" and "I was the primary person who disciplined my siblings." Items associated with PBP include "I really enjoyed my role in the family." The PI subscale scores were computed by adding the subscale item scores and then dividing by the number of items in each subscale. All subscale scores ranged from 1 to 5, with higher scores reflecting greater perceived levels or PBP.

In the original validation study, factor analysis resulted in a three-factor solution for the PI items (Hooper et al., 2011). Construct validity of parentification, as measured by the PI scores, was demonstrated. Internal consistency coefficients ranged from .79 to .84 (Hooper et al., 2011). In two studies, Hooper and colleagues also found that in their American college student sample, the PI scores were associated with other measures to assess young caregiving (see Hooper & Doehler, 2012), and psychological distress (measured by scores on the Beck Depression Inventory [BDI-II] and the Brief Symptom Inventory) in theoretically expected ways (Hooper et al., 2011). The reliability for three subscales was  $\alpha = .79$  for PFP,  $\alpha = .58$  for SFP, and  $\alpha = .80$  for PBP.

**Psychological distress.** The BDI-II (Beck, Steer, & Brown, 1996) was used to measure psychological distress. The BDI-II consists of 21 self-rated questions that assess depressive symptomatology consistent with the criteria for major depressive disorder delineated in the *Diagnostic and Statistical Manual of Mental Disorders* (Fourth edition; American Psychiatric Association, 1994). Participants were asked to select the option that best corresponds to the way they have been feeling during the preceding 2 weeks. Responses were self-rated on a 4-point

Likert-type scale: 0 (*absence of symptoms*) to 3 (*severe presence of symptoms*).

The BDI-II was scored by summing the participant's response for each of its 21 items (Beck et al., 1996). Scores ranged from 0 to 63; higher scores reflect greater severity of depressive symptomatology and a greater probability of a clinical diagnosis of major depression. With regard to reliability, scores from the BDI-II have been shown to have sound internal stability. Studies using the BDI-II have reported  $\alpha$  coefficients ranging from .77 to .92 (Carmody, 2005; Dozois, Dobson, & Ahnberg, 1998; Hooper & Doehler, 2011). For comparison, the original validation study—composed in part of college student participants—reported a Cronbach's  $\alpha$  value of .93 (Beck et al., 1996). Internal reliability in the current study's sample was high,  $\alpha = .92$ .

**Psychological health.** The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) is a 5-item scale designed to measure global life satisfaction or well-being. Sample items include “In most ways my life is close to my ideal,” “So far I have gotten the important things I want in life,” and “If I could live my life over, I would change almost nothing.” Items were scored on a 7-point Likert-type scale ranging from 7 (*strongly agree*) to 1 (*strongly disagree*). Scores ranged from 5 to 35, with higher scores reflecting greater global satisfaction with life. The SWLS was originally validated in a college undergraduate sample (see Diener et al., 1985). Scores from that validation study suggested acceptable reliability (Cronbach's  $\alpha = .87$ ) and test–retest reliability (Cronbach's  $\alpha = .82$ ). Internal reliability in the current study's sample was acceptable with an  $\alpha$  level of .89.

**Psychological growth.** The Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996) consists of 21 self-report items indicating positive changes that may occur as a result of experience with adversity or trauma. As suggested by Tedeschi and Calhoun, our current study defined the adversity from which we presumed growth would stem. More specifically, we instructed the participants to consider childhood parentification as the index event or experience when they answered the questions. Sample items include “I have a great feeling of self-reliance,” “I have a great sense of closeness with others,” and “I have more compassion for others.” Items were scored on a 6-point Likert-type scale ranging from 0 (*I did not experience a change*) to 5 (*I experience this change to a very great degree*). The 6-point scale yielded a total score with a possible range of 0–105 for the total scale. Higher scores indicate greater growth as a result of the designated index event. Internal consistency and test–retest reliability of the PTGI full-scale score have been reported as .90 (Tedeschi & Calhoun, 1996). The obtained reliability, Cronbach's  $\alpha$ , was .96 in the current study.

**Social desirability.** The Social Desirability Scale (SDS; Crowne & Marlowe, 1960) is a 33-item inventory designed to assess the need individuals may have to present themselves in a favorable light to others. Sample items include “It is sometimes hard for

me to go on with my work if I am not encouraged” and “I am always careful about my manner of dress.” Each item had a true/false response option, with the total scale scored using a coding key to determine whether the response is “correct.” The scale ranged from 0 to 33, with higher values indicating higher social desirability. The SDS was used to determine whether study constructs were related to various self-reporting styles. The reliability in the current study was adequate,  $\alpha = .79$ .

### Analysis Plan

Mean parentification scores for the three PI subscales were compared based on gender and the three study racial/ethnic groups using a  $2 \times 3$  multivariate analysis of variance (MANOVA). Next, regression equations were computed using the three PI subscale scores as independent variables. The first set of regression equations were computed for the entire sample using the BDI-II, SWLS, and PTGI separately as dependent variables. Following this analysis, identical regression equations were computed for the three racial/ethnic groups (Black American, Latino/Latina American, and White American) and two genders (males and females). The simple slopes were compared between both (a) the three racial/ethnic groups and (b) the two genders using a *t*-test. Testing of the simple slopes separately result in greater power as compared to testing the interaction terms themselves when looking for moderation effects in regression with categorical moderators (Robinson, Tomek, & Schumacker, 2013). In the comparisons of the simple slopes, a Bonferroni correction was used for each dependent variable. The correction was set at  $\alpha = .0125$  (.05/4) for all *t*-tests. The critical level for  $\alpha$  was set at .05 for all other hypothesis tests. All analyses were conducted using SAS software version 9.3.

## Results

### Parentification by Gender and Race/Ethnicity

Mean parentification scores for the three PI subscales (PFP, SFP, and PBP) were compared with a 2 (gender)  $\times$  3 (race/ethnicity) MANOVA. A significant overall effect of gender was found: Wilks's  $\lambda = .99$ ,  $F(3, 969) = 3.06$ ,  $p = .03$ . Means for both the main effects and interactions are reported in Table 1. In subsequent analyses of variance (ANOVAs), males were found to have significantly higher PFP subscale scores,  $F(1, 971) = 2.40$ ,  $p = .003$ , compared to the scores of females. No significant gender differences were found for either SFP subscale scores,  $F(1, 971) = 0.49$ ,  $p = .15$ , or PBP subscale scores,  $F(1, 971) = 0.07$ ,  $p = .75$ .

The overall effect of race/ethnicity was also found to be significant in the MANOVA: Wilks's  $\lambda = .98$ ,  $F(6, 1938) = 3.60$ ,  $p = .002$ . Significant mean differences were found in the subsequent ANOVAs for PFP subscale scores,  $F(2, 971) = 5.46$ ,  $p < .001$ , and SFP subscale scores,  $F(2, 971) = 2.83$ ,  $p = .003$ . The post hoc Tukey's tests revealed that White Americans scored significantly lower on the PFP subscale and SFP subscale scores than did Black American and Latino/Latina American participants. However, the latter two racial/ethnic

**Table 1.** Parentification Inventory Subscale Score Means (Standard Deviations) Based on Race/Ethnicity and Gender.

	Black American			Latino/Latina American			White American			Total		
	Female (n = 85)	Male (n = 17)	Total (N = 102)	Female (n = 36)	Male (n = 14)	Total (N = 50)	Female (n = 672)	Male (n = 153)	Total (N = 825)	Female (n = 793)	Male (n = 184)	Total (N = 977)
Parent-focused (PPF)	2.10 (0.67)	2.49 (0.72)	2.17 (0.70)	2.23 (0.61)	2.40 (0.70)	2.28 (0.63)	2.00 (0.49)	2.09 (0.50)	2.01 (0.49)	2.02 (0.52)	2.15 (0.55)	2.06 (0.53)
Sibling-focused (SFP)	2.23 (0.67)	2.33 (0.59)	2.25 (0.65)	2.25 (0.53)	2.41 (0.70)	2.29 (0.58)	2.09 (0.46)	2.14 (0.47)	2.10 (0.46)	2.11 (0.49)	2.18 (0.50)	2.14 (0.51)
Perceived benefits (PBP)	3.86 (0.94)	4.00 (0.96)	3.88 (0.94)	3.83 (1.05)	3.81 (0.89)	3.83 (1.00)	4.10 (0.80)	3.88 (0.82)	4.06 (0.81)	4.07 (0.83)	3.88 (0.83)	4.01 (0.51)

Note. PPF = parent-focused parentification; SFP = sibling-focused parentification; PBP = perceived benefits of parentification.

**Table 2.** Intercorrelations for Study Variables.

Variables	$\alpha$	1	2	3	4	5	6	7
1. Parent-focused (PFP)	.79	—						
2. Sibling-focused (SFP)	.58	.59**	—					
3. Perceived benefits (PBP)	.80	-.22**	-.18**	—				
4. Psychological distress (BDI-II)	.92	.18**	.12**	-.33**	—			
5. Psychological well-being (SWLS)	.89	-.18**	-.11**	.50**	-.49**	—		
6. Psychological health (PTGI)	.96	.21**	.19**	.02	.04	.04	—	
7. Social desirability (SDS)	.79	-.03	.01	.21**	-.31**	.16**	.02	—

Note.  $N = 977$ . Study variables: PFP = parent-focused parentification; SFP = sibling-focused parentification; PBP = perceived benefits of parentification; depression = Beck Depression Inventory (BDI-II) Scale; well-being = Satisfaction with Life Survey (SWLS); psychological health = Posttraumatic Growth Inventory (PTGI); and social desirability = Social Desirability Scale (SDS).

\* $p < .05$ . \*\* $p < .001$ .

groups did not significantly differ from one another. No difference in race/ethnicity was found in the PBP subscale scores,  $F(2, 971) = 1.17, p = .43$ .

The overall test for the interaction between race/ethnicity and gender was found to be nonsignificant in the MANOVA: Wilks's  $\lambda = .99, F(6, 1938) = 1.68, p = .12$ . Patterns between the two genders for the three racial/ethnic groups were identical to those found in the main effect for gender.

### Relations Between Parentification and Psychological Health and Distress

Correlations between all the study variables can be found in Table 2. Social desirability scores were included to determine the associations between social desirability and the other study constructs. As illustrated in Table 2, social desirability was positively related to PBP subscale and BDI-II and negatively related to SWLS. Social desirability was not related to any of the parentification scale scores. The relations among PI subscale scores and the psychological health and distress variables were examined by calculating separate regression equations for all the independent variables. The parameter estimates for all the regression equations can be found in Table 3.

BDI-II scores had a significant positive relation with PFP subscale scores,  $b = 3.00, t(975) = 5.67, p < .001$  and SFP subscale scores,  $b = 2.20, t(975) = 3.90, p < .001$ . Higher PFP and SFP subscale scores were paired with higher likelihoods of depressive symptoms, as measured by the BDI-II. Additionally, a significant negative relation was found between PBP subscale scores and BDI-II scores,  $b = -3.46, t(975) = -10.87, p < .001$ . Participants with higher scores on the PBP subscale had lower depression scores.

SWLS scores had a significant positive association with PBP subscale scores,  $b = 3.73, t(975) = 18.27, p \leq .001$ . Higher scores on the PBP subscale were correlated with higher satisfaction with life. However, scores on the SWLS had a significant negative relation with both PFP subscale scores,  $b = -2.02, t(975) = -5.43, p < .001$ , and SFP subscale scores,  $b = -1.33, t(975) = -3.35, p < .001$ . Participants with higher parentification scores on the PFP and SFP subscales were found to have lower satisfaction with life. A significant positive

relation was found between PTGI scores and PFP subscale scores,  $b = 9.80, t(975) = 6.54, p < .001$ , and SFP subscale scores,  $b = 9.85, t(975) = 6.19, p < .001$ . Participants with higher scores on the PFP and SFP subscales were found to have higher levels of posttraumatic growth. However, no significant relation was found between the PBP subscale and posttraumatic growth,  $b = 0.52, t(975) = 0.54, p = .59$ .

### Relations Between Parentification and Psychological Health and Distress by Gender

Simple effects between psychological health and distress and the parentification scores were compared for both genders with a Bonferroni corrected  $\alpha$ . Resulting  $t$  values for the differences in simple effects are shown in Table 4. A significant gender difference was found in the relation between PBP subscale scores and SWLS scores,  $t(975) = 4.40, p < .001$ . The regression equations for the two genders are displayed in Figure 1. Low levels of PBP resulted in a greater negative relationship for the males. Their SWLS scores were lower than those reported by females when both genders displayed low PBP. However, mean levels of SWLS scores were equal for both genders having high PBP subscale scores.

Both genders were also found to have differential associations between posttraumatic growth and PFP subscale scores,  $t(975) = -2.65, p = .008$ . Plots of the differential effects are shown in Figure 1. Females were found to have higher posttraumatic growth scores than their male counterparts when they also have high scores on the PFP subscale. Low levels on the PFP subscale yield nearly equivalent posttraumatic growth scores.

All remaining simple effects between the two genders did not differ (see Table 4).

### Relations Between Parentification and Psychological Health and Distress by Race/Ethnicity

Simple effects were computed between psychological health and distress and the parentification scores for all three racial/ethnic groups. Then, the resultant scores were compared using a  $t$  test for simple effects with a Bonferroni corrected  $\alpha$ . The  $t$  values for these differences are shown in Table 4. White

**Table 3.** Regression Estimates (Standard Error) Based on Race/Ethnicity and Gender.

	Estimate	Black American (n = 102)	Latino/Latina American (n = 50)	White American (n = 825)	Males (n = 184)	Females (n = 793)	Total (N = 977)
<b>BDI-II</b>							
PFP	Intercept	6.71* (2.99)	6.40 (5.70)	2.45 (1.26)	4.42 (2.52)	3.03* (1.25)	3.52* (1.12)
	Slope	1.24 (1.31)	1.94 (2.41)	3.55** (0.61)	2.08 (1.14)	3.37** (0.60)	3.00** (0.53)
SFP	Intercept	6.34 (3.25)	12.15 (6.21)	3.40* (1.39)	2.60 (2.76)	5.42** (1.38)	4.97** (1.23)
	Slope	1.35 (1.38)	-0.58 (2.62)	2.67** (0.65)	2.89* (1.23)	2.09* (0.64)	2.20** (0.56)
PBP	Intercept	20.77** (3.69)	12.82* (6.05)	25.18** (1.44)	19.76** (2.88)	24.85** (1.47)	23.61** (1.31)
	Slope	-2.93* (0.92)	-0.52 (1.53)	-3.83** (0.35)	-2.80** (0.73)	-3.69** (0.36)	-3.46** (0.32)
<b>SWLS</b>							
PFP	Intercept	25.80** (2.28)	20.89** (4.15)	31.23** (0.85)	29.28** (1.95)	30.40** (0.86)	30.34** (0.79)
	Slope	-0.91 (1.00)	1.01 (1.76)	-2.26** (0.41)	-1.90* (0.88)	-1.96** (0.41)	-2.02** (0.37)
SFP	Intercept	26.47** (2.47)	20.32** (4.50)	29.36** (0.95)	28.39** (2.16)	29.07** (0.95)	29.04** (0.87)
	Slope	-1.17 (1.05)	1.25 (1.90)	-1.27* (0.44)	-1.47 (0.96)	-1.24* (0.44)	-1.33** (0.40)
PBP	Intercept	10.33** (2.60)	8.34* (3.81)	11.82** (0.91)	6.97** (1.87)	12.25** (0.94)	11.14** (0.84)
	Slope	3.48** (0.65)	3.88** (0.96)	3.66** (0.22)	4.70** (0.47)	3.49** (0.23)	3.74** (0.20)
<b>PTGI</b>							
PFP	Intercept	37.31** (7.88)	43.06** (11.67)	43.82** (3.66)	49.81** (6.80)	39.30** (3.58)	41.49** (3.16)
	Slope	13.00** (3.47)	11.28* (4.94)	8.32** (1.77)	5.68 (3.06)	10.94** (1.72)	9.80** (1.50)
SFP	Intercept	40.14** (8.76)	42.24* (12.72)	42.09** (4.01)	49.71** (7.48)	38.43** (3.92)	40.56** (9.85)
	Slope	11.24* (3.74)	11.56* (5.38)	8.80** (1.86)	5.66 (3.35)	10.85** (1.80)	9.85** (1.59)
PBP	Intercept	65.67** (10.85)	56.54** (12.85)	57.89** (4.47)	51.85** (8.04)	61.12** (4.53)	59.43** (3.94)
	Slope	-0.05 (2.72)	3.19 (3.25)	0.66 (1.08)	2.63 (2.02)	0.06 (1.09)	0.52 (0.96)

Note. BDI-II = Beck Depression Inventory; SWLS = Satisfaction with Life Survey; PTGI = Posttraumatic Growth Inventory; PFP = parent-focused parentification; SFP = sibling-focused parentification; PBP = perceived benefits of parentification.

\* $p < .05$ . \*\* $p < .001$ .

**Table 4.** Tests for Differences Between Simple Slopes.

	Black Americans vs. Latino/Latina Americans— $t(150)$	Black Americans vs. White Americans— $t(925)$	Latino/Latina Americans vs. White Americans— $t(873)$	Males vs. Females— $t(975)$
<b>BDI-II</b>				
PFP	-0.42	-3.36**	-2.26	-1.84
SFP	1.08	-1.81	-4.26**	1.07
PBP	-2.15	2.18	7.93**	2.07
<b>SWLS</b>				
PFP	-1.54	2.84*	6.71**	0.12
SFP	-1.82	0.20	4.81**	-0.43
PBP	-0.53	-0.67	0.84	4.40**
<b>PTGI</b>				
PFP	0.44	2.39	1.52	-2.67*
SFP	-0.07	0.30	0.32	-2.48
PBP	-1.12	-0.56	2.10	2.03

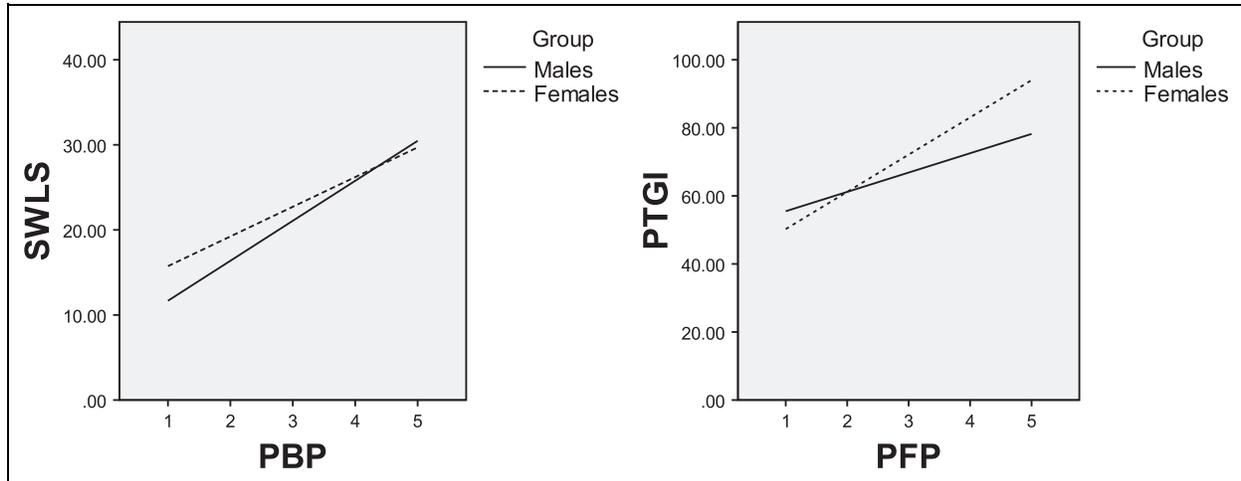
Note. BDI-II = Beck Depression Inventory; SWLS = Satisfaction with Life Survey; PTGI = Posttraumatic Growth Inventory; PFP = parent-focused parentification; SFP = sibling-focused parentification; PBP = perceived benefits of parentification.

\* $p < .0125$ . \*\* $p < .001$ .

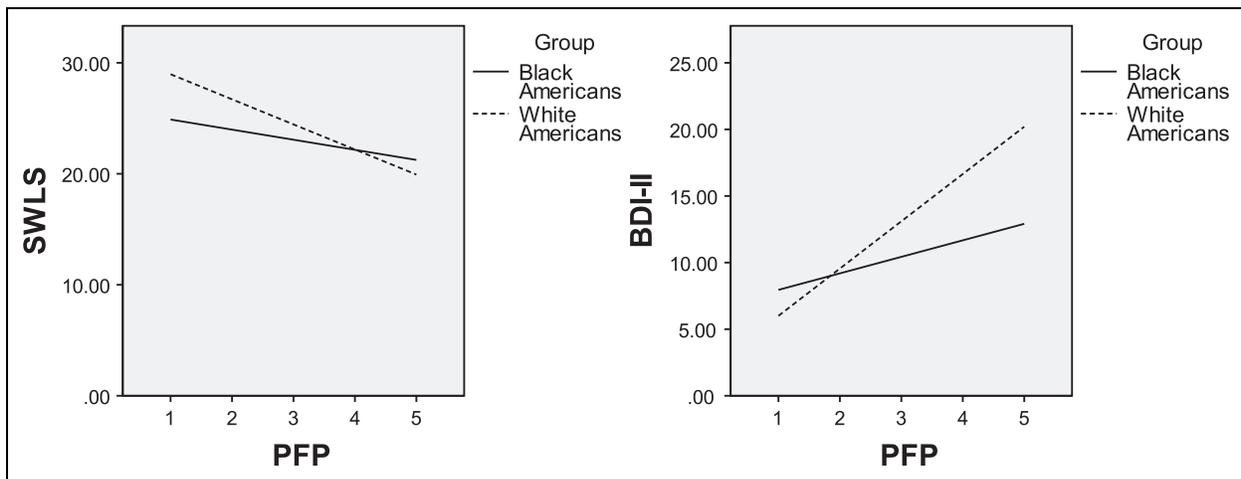
Americans were found to be negatively affected by high levels of PFP to a greater extent than Black Americans were,  $t(925) = -3.36$ ,  $p < .001$ . The separate regression lines for the two racial/ethnic groups are plotted in Figure 2. When both race/ethnicities had high PFP subscale scores, the White American participants exhibited higher levels of depressive symptoms. Low PFP scores resulted in similar depression symptom scores for White Americans and Black Americans.

Additionally, a greater negative relation was found between PFP subscale scores and SWLS scores for White

Americans compared to the PFP and SWLS scores of Black Americans,  $t(925) = 2.84$ ,  $p = .004$ . As seen in Figure 2, White American participants with low PFP scores had significantly higher SWLS scores compared to the Black American participants. High levels of PFP resulted in similar SWLS values for these two racial/ethnic groups. PFP related to well-being to a lesser extent for the Black American subsample than for the White American subsample, as the slopes were smaller in this subpopulation (i.e., Black American participants).



**Figure 1.** Plots of differential regression equations for males and females.  
 Note. SWLS = Satisfaction with Life Survey; PTGI = Posttraumatic Growth Inventory; PFP = parent-focused parentification; PBP = perceived benefits of parentification.



**Figure 2.** Plots of differential regression equations of Black Americans and White Americans.  
 Note. SWLS = Satisfaction with Life Survey; BDI-II = Beck Depression Inventory; PFP = parent-focused parentification.

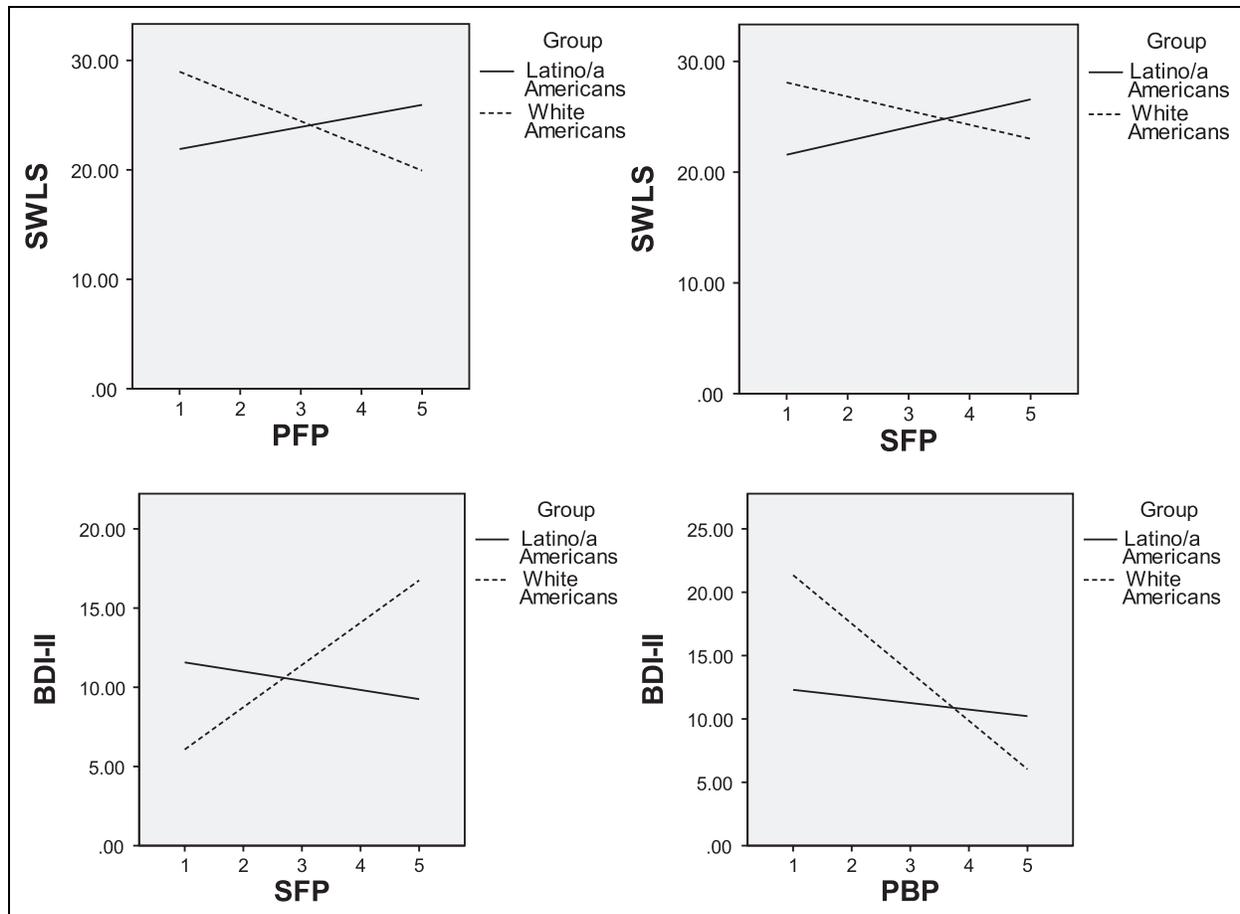
A greater number of significant differences were found between the simple slopes for White Americans and Latino/Latina Americans. Depression scores were significantly higher for White Americans than for Latino/Latina Americans when these two racial/ethnic groups exhibited high SFP scores,  $t(873) = -4.26, p < .001$ . Plots of the separate regression equations are shown in Figure 3. With lower levels of SFP, Latino/Latina Americans had higher depression scores as compared to the White Americans. However, White Americans had a greater negative association between the PBP subscale scores and BDI-II scores,  $t(873) = 7.93, p < .001$ . As illustrated in Figure 3, White Americans had lower depression scores when paired with high PBP. However, lower PBP subscale scores resulted in significantly higher BDI-II scores among the White Americans.

The effect of parentification for Latino/Latina Americans was also markedly different from White Americans. White

Americans and Latino/Latina Americans had significantly different associations between PFP subscale and SWLS scores,  $t(873) = 6.71, p < .001$ , and between SFP subscale and SWLS scores,  $t(873) = 4.81, p < .001$ . The separate regression equations for both of these variables can also be found in Figure 3. In Latino/Latina Americans, higher scores on both PFP and SFP subscales correlated with higher SWLS scores, yet White Americans reported greater SWLS when PFP and SFP subscale scores were lower. All other differences between the simple effects among the three racial/ethnic groups were not significant (see Table 4).

**Discussion**

Parentification has persisted as a significant clinical and family systems construct (Boszormenyi-Nagy & Spark, 1973; Hooper



**Figure 3.** Plots of differential regression equations of Latino/Latina Americans and White Americans.

Note. SWLS = Satisfaction with Life Survey; BDI-II = Beck Depression Inventory; PFP = parent-focused parentification; SFP = sibling-focused parentification; PBP = perceived benefits of parentification.

et al., 2011; Jurkovic, 1997; Minuchin et al., 1967; Telzer et al., 2013). Clarifying the outcomes that may relate to childhood parentification and emerge in adulthood is an important focus for researchers, family counselors, and other mental health care providers. Importantly, many researchers argue most—if not all—empirical research ought to consider how race, ethnicity, and other cultural factors intersect with clinical constructs such as parentification (East, 2010; Gilford & Reynolds, 2011; Hall, 2013; Hooper, 2013; Kam, 2011). Toward this end, the current study examined a range of outcomes that can inform future culturally responsive research and counseling practices. Specifically, one purpose of the current study was to examine self-reported levels of parentification among college student participants and to clarify how these levels may differ based on race/ethnicity and gender. A second purpose was to explore the extent to which varied outcomes—depressive symptoms, well-being, and posttraumatic growth—may be related to parentification and how these outcomes may differ based on race/ethnicity and gender. In this section, we discuss three main findings that emerged in the current study: (a) levels of parentification vary based on gender, (b) levels of parentification vary based on race/ethnicity, and (c) parentification is

significantly and differentially related to positive and negative outcomes among diverse racial and ethnic groups.

Our first and second findings are that levels of parentification (i.e., mean scores) vary based on gender and race/ethnicity, respectively. The levels and types of parentification were higher in male participants than in female participants. Specifically, our results show that males have significantly higher levels of PFP than female participants do. However, no significant differences were found for the other two subscale scores, SFP and PBP. Our results are consistent with McMahon and Luthar's (2007) findings but are different than those of Dearden and Becker (2004) and East and Weisner (2009). It could be that the gender effects in our study are unique to our specific sample and better accounted for by some other unmeasured factor or factors. For example, although not measured in the current study, it could be that the finding of males' self-reported higher levels of parentification as compared to females was a function of being first born in their family of origin. In other words, being male *and* the oldest sibling could have forced them into the role of parentified child and therefore accounts for the differential gender results of the study. It is also noteworthy that the gender effect was constant across all racial and ethnic groups.

With regard to race/ethnicity, differences in levels and types of parentification were also found. White Americans reported lower levels of parentification, as measured by the PFP and SFP subscale scores, than the levels reported by either Black Americans or Latino/Latina Americans. Interestingly, parentification levels for Black Americans and Latino/Latina Americans were not significantly different. This expected finding is consistent with the literature base. Many scholars have suggested that family structure, cultural-specific values, and socioeconomic factors all point to the likelihood that racial and ethnic minorities will report greater rates of parentification than will their White American counterparts (Bittman, Fisher, Hill, Thompson, & Thomson, 2004; Burton, 2007; Chao & Otsuki-Clutter, 2011; Hall, 2013), although not all studies have found differences in levels of parentification based on race (see Castro, Jones, & Mirsalimi, 2004).

Our third finding is that parentification is significantly related to diverse psychological health and distress constructs in theoretically expected ways (Garber, 2011; Hooper et al., 2011; Kuperminc et al., 2013; Pasternak & Schier, 2012; Shin & Hecht, 2013; Telzer & Fuligni, 2009). For example, parentification in general is positively related to depressive symptoms and posttraumatic growth and negatively related to well-being. These relations can be differentiated by type of parentification. Although levels of PFP, SFP, and PBP were all found to be related to depressive symptoms and satisfaction with life, only PFP and SFP were found to be related to posttraumatic growth. Of significance, these associations between parentification and psychological health and distress are also differentiated by race/ethnicity and gender.

In general, higher rates of parentification negatively affected White American participants to a greater extent than they affected Black American and Latino/Latina American participants. For example, PFP scores were found to have a significant and greater impact on depressive symptoms for White Americans compared to Black Americans. Similarly, White Americans expressed higher levels of satisfaction with life than Black Americans reported when lower levels of PFP were experienced. In this sample, the detrimental effects of parentification were greater and benefits of parentification were lower for White Americans than for Black Americans.

Differences in the relation between parentification and study outcomes were also evidenced between White Americans and Latino/Latina Americans. The relation between SFP scores and depressive symptoms was more severe for White Americans than it was for Latino/Latina Americans. Higher SFP scores resulted in significantly higher depressive symptoms for White Americans as compared to Latino/Latina Americans. Lower SFP had a greater negative effect on Latino/Latina Americans, resulting in higher depressive symptoms as compared to White Americans. This finding supports the long-held clinical belief that low or no exposure to and limited experiences with parentification can actually be “harmful” to some individuals—in particular, individuals who come from cultures where collectivism is valued, supported, and fostered (Byng-Hall, 2008; Hall, 2013; Jurkovic, 1997; Kam, 2011; Minuchin et al., 1967). In

addition, some researchers have argued that family caregiving is related to increased levels of competency, resiliency, and self-efficacy across the life span (Hooper et al., 2008; Jurkovic, 1997; Kuperminc et al., 2013). This view is seen in a recent study composed of Black American female college students. Gilford and Reynolds (2011) found parentified Black American college students described how the roles and responsibilities experienced in their family of origin later served as an impetus in doing well and excelling in several areas of their life (e.g., academic success).

This finding also suggests that Latino/Latina Americans may experience parentification as a positive phenomenon. This takeaway is supported by our study results related to satisfaction with life and parentification. Higher levels of parentification (both parent-focused and sibling-focused) were associated with higher levels of satisfaction with life among Latino/Latina Americans, but the opposite was true among White Americans. In this sample, the detrimental effects of parentification proved to be greater and benefits of parentification were lower for White Americans than for Latino/Latina Americans.

## Implications for Family Counseling Research and Practice

Identifying for whom, when, and based on what cultural context parentification may be related to specific outcomes is useful for directions for future research, prevention efforts, and best practices. The results of the current study illustrate the importance of considering race/ethnicity and gender when examining the psychological aftereffects (i.e., benefits and detriments) of parentification in college student populations. In the current study, the outcomes investigated—depressive symptoms, well-being, and posttraumatic growth—show varied significant relations based on level of parentification and type of parentification. In addition, the current study’s results add to the literature base regarding demography and culture-specific family roles, responsibilities, and relationships that may be changing in the 21st century (Gilford & Reynolds, 2011).

The later effects associated with parentification are important and clinically significant (Byng-Hall, 2008; Cree, 2003; Jurkovic, 1998). The accumulated and nascent research suggests parentification serves as a risk *and* protective factor for many outcomes (Hall, 2013; Shin & Hecht, 2013; Telzer et al., 2013). This idea is buttressed in a recent empirical study that found parentification to be a risk and protective factor. Telzer and colleagues (2013) found that a *positive view* about family caregiving (parentification) was protective and reduced the extent to which Latino/Latina older adolescents engaged in substance use. On the other hand, they also found that engaging in family caregiving *behaviors* (parentification) was associated with higher substance use.

In addition to assessing for individual-focused risk factors, protective factors, and outcomes, family counselors must consider the context in which parentification takes place. As mentioned previously, it could be that the cultural context in which

parentification takes place in addition to the extent to which parentification is perceived to be beneficial during childhood and later adulthood is informative to family counselors and other mental health care providers. If parentification is valued and culturally sanctioned, it may not foretell commonly seen negative outcomes. Other types of family contexts may also influence the outcomes experienced by adolescents and later the adults they become. For example, although not measured in the current study, individuals who experienced parentification in the context of homes described as chaotic or poor may perceive the parentification process as beneficial and less burdensome than those individuals who experience parentification in higher socioeconomic homes (Burton, 2007; Chase, 1999; McMahon & Luthar, 2007; Robinson & Chase, 2001).

It is critical that family counselors take a balanced and culturally responsive approach to the assessment and treatment process. This would mean engaging in discussions that move beyond clinical conversations focused on detriments, relational deficits, and negative outcomes often associated with parentification. In support of this balanced and culturally tailored approach is research that shows parentification could have a buffering effect on the relation between parental alcohol use and substance use in adolescents and emerging adults (Hooper, Doehler, Jankowski, & Tomek, 2012).

There is no doubt that parentification can be traumatic and leave relational wounds with which individuals must cope across their lifetime. Specifically, theory and empirical research point to how childhood roles—such as parentification—in the family of origin can engender poor functioning in adult relationships. West and Keller (1991) suggest that relational deficits may emerge as compulsive caregiving in adult relationships. In addition, Hooper (2007a, 2007b) suggests that the inability to form healthy attachments may be a later effect of childhood parentification. Beyond having an impact on daily functioning and current romantic relationships, parentification may impact the role of parenting. Although not investigated in the current study, the transmission of inappropriate and excessive caregiving could be carried forward from generation to generation. On the other hand, there are many exceptions and benefits that may emerge from this family systems process. As seen in the current study and other studies, cultural factors must be considered as well. Family therapists and other mental health providers must be prepared to assess for the detriments *and* benefits that may be related to parentification. Screening for competency, resiliency, and well-being will aid family therapists in determining the extent to which the roles, responsibilities, and relationships experienced because of parentification have cultural relevance and benefit (Godsall, Jurkovic, Emshoff, Anderson, & Stanwyck, 2004; Hooper et al., 2011; Mirsalimi, 2010).

## Limitations

Weighing the limitations of the study can help extend and inform future culturally relevant investigations into parentification. With regard to the current study, several limitations ought

to be considered. One limitation is that the study variables were all self-reported. Social desirability was significantly related to three study measures (PBP, BDI-II, and SWLS), indicating participants may have been responding in a socially desirable way to these measures. A second limitation is that the generalizability of the results is restricted by the study's convenience volunteer sample and may be specific to the participating universities. Future researchers would benefit from using procedures for randomized sampling of university populations to increase the generalizability of a study's findings. A third limitation is the cross-sectional nature of the study; causal connections cannot be made based on the results of this study. A fourth limitation is the lack of stability of the PBP subscale scores in the current sample. Given the low Cronbach's  $\alpha$  score for this subscale ( $\alpha = .58$ ), it is unclear whether the results related to this subscale attenuated the results of the study. A large number of pairwise comparisons were performed. Fifth, although Bonferroni corrections were used, a Type I error may have attenuated the results of the study. A final limitation is that this study considered only race/ethnicity and gender. Future studies should consider other cultural factors, such as socioeconomic status and religiosity, and the extent to which they relate to diverse outcomes both separately and in combination with other cultural factors.

## Conclusion

Cultural factors must be taken into consideration when studying parentification. Surprisingly, few studies have investigated how race/ethnicity and gender may relate to the parentification process and how together these cultural factors and a history of parentification may predict unique outcomes (East, 2010; Gilford & Reynolds, 2011; Hooper, 2013; Kam, 2011; Telzer & Fuligni, 2009). This study is a first step in exploring a range of disparate outcomes—including psychopathology, posttraumatic growth, and also wellness—following childhood parentification. Although the literature on parentification is expansive and continues to be of intense interest to researchers, scholars, and clinicians, this study is one of few to include an assessment of well-being and to investigate the implications of important cultural factors such as race/ethnicity and gender. Black Americans and Latino/Latina Americans are the two largest racial/ethnic minority groups in the United States, so understanding how symptoms, familial and ecological contexts, and outcomes related to parentification exist in these populations and others is paramount. Because parentification appears to be ubiquitous, future studies that focus on other diverse populations (e.g., Asian Americans and military families) in addition to Black Americans and Latino/Latina Americans are urgently needed. Future researchers and clinicians should develop research studies and pose clinical questions that account for cultural differences in the assessment and treatment of parentification and its wide-ranging aftereffects. The results of the current study suggest the benefits and detriments associated with parentification should be considered in practice and research equally.

### Declaration of Conflicting Interests

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