

[Parentification](#)

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Overview

Many adolescents will engage in adult-like roles and responsibilities as they transition into emerging and young adulthood ([Arnett 2004](#)). In fact, most family and developmental theorists contend that these behaviors are needed, and indicated, in the adolescent's best interest ([Boszormenyi-Nagy and Spark 1973](#); [Jurkovic 1997](#); [McMahon and Luthar 2007](#); [Minuchin 1974](#)). Moreover, from a developmental perspective, most theorists concur that a moderated, supervised amount of caregiving behaviors is part of normal development and is related to positive long-term effects, such as character building, responsibility, and competency ([Longest and Shanahan 2007](#); [McMahon and Luthar 2007](#); [Telzer and Fuligni 2009](#)). However, some adolescents take on adult- and parentlike roles and responsibilities that are not normally entrusted to children and not consistent with their developmental stage and level of psychological maturity. The assumption of such developmentally inappropriate caregiving roles is known as *parentification*, and young caregivers who experience parentification are said to be *parentified* ([Boszormenyi-Nagy and Spark 1973](#); [Locke and Newcomb 2004](#); [Minuchin et al. 1967](#)).

Parentification is a ubiquitous phenomenon and likely to be experienced by many children and adolescents worldwide ([Becker 2007](#); [Boszormenyi-Nagy and Spark 1973](#); [Byng-Hall 2002](#); [Hooper 2007a, b](#); [Karpel 1976](#)). Indeed, there are approximately 1.3–1.4 million parentified children aged 8–18 in the USA ([Diaz et al. 2007](#)). Educators, researchers, and mental healthcare providers are likely to encounter parentified adolescents – and the adults they become – with both short- and long-term aftereffects across many domains of functioning (e.g., relational, psychological, behavioral, academic) ([Chase 1999](#); [Cree 2003](#); [Diaz et al. 2007](#)).

A considerable body of evidence suggests that the consequences of parentification are often destructive, crippling, traumatic, and negative ([Alexander et al. 2000](#); [Boszormenyi-Nagy and Spark 1973](#); [Byng-Hall 2008](#); [Chase 1999](#); [Hooper et al. 2009](#); [Jurkovic 1997, 1998](#); [L'Abate 1998](#); [Lackie 1999](#)). Furthermore, experiencing parentification during adolescence may engender unique pernicious outcomes ([Kerig 2005](#)). Therefore, this topic is important and has relevance for a range of human helping professionals and practitioners ([Byng-Hall 2002, 2008](#); [Hooper 2007b](#)).

This essay explores the phenomenon of parentification. In particular, it conceptualizes parentification, summarizes the seminal scholarly works on parentification, reviews the negative effects and correlates of adolescent parentification, reviews possible positive effects and correlates of adolescent parentification, and summarizes the gaps in the literature on parentification.

What Is Parentification?

Parentification is a type of role reversal, boundary distortion, and inverted hierarchy between parents and other family members in which adolescents assume developmentally inappropriate levels of responsibility in the family of origin ([Hooper 2007a](#)). Parentification is as much about the family system and subsystems as it is about the individual. Indeed, the original conceptualizations and definitions of parentification emerged mostly from systems theories (e.g., family systems theory, ecological systems theory) ([Boszormenyi-Nagy and Spark 1973](#); [Bronfenbrenner 1979](#); [Minuchin et al. 1967](#)).

The term *parentification* was introduced by family systems theorists ([Minuchin et al. 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). In defining parentification, Munchin and colleagues encouraged researchers and practitioners to consider the types of behaviors associated with parentification. They also delineated two types of parentification based on the tasks, roles, and responsibilities of the child: instrumental parentification and emotional parentification. Adolescents who experience instrumental parentification perform duties such as preparing meals, doing household chores, and handling financial matters, whereas adolescents who experience emotional parentification respond to the emotional needs of the parent or siblings (including issues such as low self-esteem) or act as the confidante and peacemaker for the family. Emotional parentification is suggested to be more deleterious (i.e., correlated with more negative outcomes such as depression) than instrumental parentification ([Byng-Hall 2008](#); [Champion et al. 2009](#); [Fitzgerald et al. 2008](#); [Hooper et al. 2008](#); [McMahon and Luthar 2007](#); [Minuchin et al. 1967](#)).

In a subsequent conceptualization of parentification, [Boszormenyi-Nagy and Spark \(1973\)](#) underscored the ethicality, functionality, and intergenerational transmission of parentification. They considered, and encouraged others to consider, the function that parentification served within the family relational system. They pondered, “What does an adult gain by the parentification maneuver?” (p. 152). Boszormenyi-Nagy and Spark contended that although there is an implied lack of ethicality related to parents turning over their power, roles, and responsibilities in the family system to their children; there is also a functionality in that the prescribed or abdicated roles, responsibilities, and power evidenced by the adolescent enable the family to be – to some extent – “normal.” Thus, the “parentification maneuver” or process meets the needs of the overall family system and the needs of *some* of the individuals embedded in the system (e.g., parents, siblings), that is, parents receive care, siblings receive care, and children receive care. The only family member who may not receive care is the parentified child or adolescent.

In Boszormenyi-Nagy and Spark’s view, parentification is carried out to right the wrongs of previous generations. Parents encourage and, in some cases, demand that their children carry out the parental roles that were absent in the parents’ generation. This process of getting the children to parent the parents and possibly other family members fills a psychological and instrumental void in the parents, who often went unparented when they were children. Thus, this process describes the feasibility of how parentification can be transmitted from generation to generation.

Jurkovic ([1997](#), [1998](#)) extended the conceptualization established by ([Minuchin et al. 1967](#)) and [Boszormenyi-Nagy and Spark \(1973\)](#). Specifically, Jurkovic proposed the possibility of *destructive* and *constructive* parentification. Of destructive parentification, Jurkovic wrote: “Pathological parentification is a discriminable category of maltreatment in its own right. In addition to being part of the spectrum of problems subsumed under the label ‘child maltreatment,’ severe forms of parentification may have specific etiologies, sequelae, intergenerational transmission patterns, and treatment responses” ([Jurkovic 1997](#), p. xx). Constructive parentification entails the same behaviors exhibited in destructive parentification but also balances caregiving behaviors among family members and includes an appreciation and acknowledgment of the contributions of the adolescent to the family system by the parent. In contrast to Boszormenyi-Nagy and Spark’s conceptualization of parentification – which considers parentification an unethical treatment of children and adolescents (although even Boszormenyi-Nagy and Spark recognized that not all parentification is universally pathological [[Boszormenyi-Nagy and Spark 1973](#)]) – Jurkovic’s conceptualization of parentification allows for a competing perspective, that is, they suggest parentification can be an ethical and appropriate (albeit excessive) treatment of children, given the

adolescent's age and developmental level, the family culture, and the family context. For example, an adolescent who helps out temporarily with familial and parental duties while a parent recovers from cancer treatment may experience constructive parentification. It remains unclear and arguable how many children and adolescents experience *constructive* parentification.

The abovementioned conceptualizations proposed by ([Minuchin et al. 1967](#)), [Boszormenyi-Nagy and Spark \(1973\)](#), and Jurkovic ([1997](#), [1998](#)) have been largely supported by empirical evidence. Alternative terms for *parentification* and *parentified child* have since emerged in the literature, including *adultification* ([Burton 2007](#)), *spousification* ([Sroufe and Ward 1980](#)), *role reversal* ([Macfie et al. 2005](#)), *burdened child* ([Chase 1999](#)), *adultoids* ([Galambos and Tilton-Weaver 2000](#); [Greenberger and Steinberg 1986](#)), *parental child* ([Minuchin et al. 1967](#)), *little parent* ([Byng-Hall 2008](#)), and *young caregiver* ([Aldridge and Becker 1993](#); [Siskowski 2006](#)).

Seminal Scholarly Works

Overwhelmingly, the scholars who defined and conceptualized parentification have based their work on systems theory, psychodynamic theory, and attachment theory ([Chase 1999](#)). Four seminal books – authored by these scholars – serve as an excellent overview of parentification, including the process, the context, the correlates, and the aftereffects. These seminal books are (1) *Families of the Slums* ([Minuchin et al. 1967](#)), (2) *Invisible Loyalties* ([Boszormenyi-Nagy and Spark 1973](#)), (3) *The Plight of the Parentified Child* ([Jurkovic 1997](#)), and (4) *Burdened Children* ([Chase 1999](#)). The contributions of family systems scholars Minuchin et al., Boszormenyi-Nagy, and Spark cannot be overstated. More recently, Jurkovic has updated and expanded – and Chase has summarized – the empirical evidence on parentification. This section describes briefly each of these works.

In the first book, *Families of the Slums* (1967), Minuchin et al. provided (1) a picture of the context in which parentification may take place (i.e., family and community systems), (2) effective treatment recommendations for family systems in which parentification may take place, and (3) a clarification of how different types of parentification (instrumental and emotional) may produce different effects. Rich clinical descriptions depicted the *disengaged* family structure – a structure that, the authors posit, may allow for or foster parentification. In the disengaged family system, the parents' control, power, and leadership have become ineffective and/or nonexistent: "The vacuum in the family system created by the lack of parental functioning is filled by the attempted assumption of executive functions on the part of the parental child or children" ([Minuchin et al. 1967](#), p. 355). The authors also described how clinicians could work successfully with disengaged families. A significant benefit of the book is its inclusion of cultural factors (e.g., socioeconomic and racial factors) in the theoretical and clinical discussions, as well as in the hypothesized meaning making of parentification.

Finally, and as previously mentioned, ([Minuchin et al. 1967](#)) clarified that different types of parentification – instrumental and emotional – have different effects. Outcomes associated with parentification may be linked to or moderated by the type of parentification behaviors in which children and adolescents engage. Minuchin et al.'s description of the parentified child and the family system in which parentification is likely to take place – together with their delineation of different types of parentification (instrumental and emotional) – has had significant clinical utility.

In the second book, *Invisible Loyalties* (1973), Boszormenyi-Nagy and Spark broach the topic of parentification with a focus on family justice, relational processes, and intergenerational processes. Boszormenyi-Nagy and Spark suggested that parentification in the family is often transmitted from

generation to generation. That is, the previous generation often keeps a “ledger” of sorts, in which the younger generations pay the dues for deficits accrued from previous generations in a never-ending cycle of “accounts due.” More simply stated, unmet childhood needs of previous generations (i.e., the parents) are demanded or coerced to be met by younger generations (i.e., the adolescent). This process also increases the likelihood that when parentified children grow up, they will go on to parentify their own children, although they are not fated to do so ([Boszormenyi-Nagy and Spark 1973](#); [Stein et al. 2007](#)). Although parentification and the associated processes often harm the family (most importantly, the parentified child), the processes can, at the same time, bind the family together. Boszormenyi-Nagy and Spark contended that, in some instances, there is an implicit payoff for the parentified child. For example, a loyal adolescent who is invested in, and committed to, the maintenance and optimal functioning of the family system may feel powerful or like a “winner.” Moreover, even in high-functioning, optimal family systems, parents *and* children are expected to make age-appropriate contributions to the family system.

Boszormenyi-Nagy and Spark offer readers recommendations for comprehensive assessment of, and treatment for, the individual and family system. Assessing for parentification is an important part of family systems – focused helping. When parentification goes unrecognized, intervention and treatment efforts may be ineffective. While childhood parentification does not foretell adult psychopathology in all situations, “parentification is a factor inherent in many forms of individual pathology” ([Boszormenyi-Nagy and Spark 1973](#), p. 165); thus, parentification must be included in the assessment of the family relational process. Like Minuchin, Boszormenyi-Nagy and Spark caution researchers and clinicians to avoid overpathologizing parentification and the parental child. Boszormenyi-Nagy and Spark conclude that parentification should not uncritically and unconditionally be considered pathological; rather, the balance of caregiving responsibilities, in conjunction with age and developmental stage, should be weighed heavily when assessing and treating families and individuals where parentification is evinced.

In the third book, *The Plight of the Parentified Child* (1997), Jurkovic proposed a comprehensive, multidimensional model for parentification that differentiates destructive and constructive parentification. For the past two decades, Jurkovic’s scholarship has made one of the most expansive recent contributions to the parentification literature. Jurkovic and his colleagues have published over 25 empirical studies on correlates of, and outcomes associated with, parentification. *The Plight of the Parentified Child* represents a culmination of Jurkovic’s initial research and impetus for his most recent research.

According to Jurkovic’s ([1997](#)) model of parentification, destructive parentification implies a family environment with an imbalance among family members’ roles and behaviors, a lack of boundaries between family subsystems, and an excessive level of caretaking (emotional and/or instrumental) by a child. This destructive parentification process serves a function in that it maintains balance (or homeostasis) in the family system. Consequently, long-term developmental effects and inappropriate boundary distortion and dissolution are evident between the parent and child, which often lead to the adolescent being emotionally, physically, and psychologically maltreated by parents and/or deprived of parental caregiving, guidance, and a secure attachment in the parent-child dyad. Extrapolating from Bronfenbrenner’s ([1979](#)) ecological model, Jurkovic ([1997](#)) suggested that an ecological-ethical model is important. In such a model, family and societal ethics are seen in the context of the interaction among systems (e.g., family, parental, social, peer, sibling, community, and political). Jurkovic contended that these factors, taken together, create the best framework with which to approach parentification.

Jurkovic built upon other scholars’ conceptualizations of parentification by explicating how the parentification process and outcomes may be modified by *perceived fairness*. That is, Jurkovic

hypothesized that when the parentification process is perceived to be fair, equitable, and mutual by the parentified individual, the aftereffects may be less severe. Jurkovic ([1997](#), [1998](#)) operationalized and studied this conceptualization in his development of the Parentification Questionnaire ([Jurkovic and Thirkield 1998](#); [Jurkovic et al. 2001](#)), which includes a subscale score of perceived fairness. Jurkovic's model – like his multidimensional Parentification Questionnaire – captures instrumental parentification, emotional parentification, and perceived fairness.

In the fourth book, *Burdened Children* (1999), Chase offered researchers, educators, and clinicians a comprehensive resource for the empirical findings, measurement, and treatment of parentification. As the book's editor, Chase compiled chapters from some of the most established researchers and clinicians on the topic of parentification. The chapters summarize findings related to parentification and workaholism, siblings with medical conditions, and societal issues. Chapters on treatment incorporate object relations theory, metaphors, and other considerations for interventions. Finally, Chase provided a comprehensive summary of antecedents and consequences of both the parentified child and the family and societal system in which the parentified adolescent is embedded.

Outcomes of Parentification

In many studies, parentification is not linked to positive outcomes. However, and importantly, most studies have not *examined* positive outcomes. Thus, what has been evidenced in the research literature base is in part a function of what has been examined and studied ([McMahon and Luthar 2007](#)). Byng-Hall ([2008](#)), ([Fitzgerald et al. 2008](#)), and Hooper ([2007a, b](#)) point out that studies that have examined parentification have been focused primarily on negative correlates and negative effects of parentification. More recently, a few studies have tried to better understand resilient populations, that is, those who escape negative outcomes after parentification and/or experience positive outcomes ([Kuperminc et al. 2009](#); [McMahon and Luthar 2007](#); [Shifren and Kachorek 2003](#); [Telzer and Fuligni 2009](#)).

Overwhelmingly, these empirical quantitative examinations have used two measurements to assess for parentification. ([Mika et al. 1987](#)) offered one of the first quantitative measures of parentification. Mika et al. operationalized the multidimensional nature of parentification, with their introduction of the Parentification Scale (PS). Their scale, second to Jurkovic's Parentification Questionnaire (PQ; [Jurkovic and Thirkield 1998](#)), is one of the most widely used instruments to capture parentification. Similar to Jurkovic and colleagues, Mika et al. considered the types of roles and responsibilities in their development of their measure, but they also considered at what age and to whom the roles and responsibilities were directed. The PS is a 30-item self-report assessment, designed to assess four types of parentification (child parenting his parent(s), child acting as a spouse to his parent, child parenting his siblings, and child taking on other roles generally taken by adults). The PQ ([Jurkovic and Thirkield 1998](#)) is a 30-item, widely used self-report instrument that measures retrospectively three dimensions of perceived parentification: instrumental parentification, emotional parentification, and perceived fairness of the parentification process. Using the PQ to measure parentification, ([Jankowski et al. 2013](#)) found that perceived unfairness mediated the relation between parentification and mental health symptoms.

The next sections summarize briefly both bodies of literature: the plethora of studies on the deleterious and pernicious effects of parentification and the scant amount of studies on the beneficial and competency effects of parentification. Of significance, the accumulated evidence from the empirical research is not without its methodological limitations. Most studies have been delimited to single-informant, single-method, cross-sectional, or ex post facto research designs, which undoubtedly limits the

conclusions that may be drawn.

Negative Correlates and Outcomes

The negative aftereffects of parentification cannot be ignored. The empirical research that has been conducted over the past half century has elucidated numerous negative outcomes associated with experiencing parentification during adolescence. These negative outcomes or concomitant clinical issues include, but are not limited to, low self-esteem ([Wells et al. 1999](#)), poor intra- and interpersonal functioning, low academic achievement ([Jurkovic 1997](#)), psychological distress ([Stein et al. 1999](#)), sexual abuse ([Alexander et al. 2000](#)), traumatic stress ([Hooper et al. 2008](#)), characterological and attachment issues ([Alpert et al. 2000](#)), personality disturbances ([Jones and Wells 1996](#); [Wells and Jones 1998](#)), parent's use of drugs and alcohol ([Anderson 1999](#); [Stein et al. 1999](#)), and severe psychopathology (e.g., dissociative disorders) ([Liotti 1992](#); [Kerig 2005](#); [Wells and Jones 1998](#)).

Parentification during adolescence may exacerbate negative outcomes associated with parentification ([Champion et al. 2009](#); [Telzer and Fuligni 2009](#)). This finding raises an important question: what is it about the adolescent developmental stage that relates to the effects of parentification? Champion and colleagues suggested, "Increased caretaking within the family may conflict with typical milestones of adolescent development, such as school achievement, relationship with friends, and increased autonomy. Adolescents may also lack the cognitive and social skills needed to be an effective caretaker and as such may not be able to effectively handle or cope with their role as caretaker" (p. 158). Some scholars hypothesize that adolescents experience greater negative sequelae because the adult-like caregiving behaviors in which they engage are more severe and protracted, and go unmonitored to a greater extent, than the adult-like caregiving behaviors of younger children ([McMahon and Luthar 2007](#); [Shifren and Kachorek 2003](#)). Others suggest that if these caregiving roles are excessive, unmonitored, unrecognized, or age inappropriate, the adolescent may grow up too fast or become too independent too quickly ([Burton 2007](#); [Jurkovic et al. 1999](#)). This result is often described as a *pseudo-maturity* ([Galambos and Tilton-Weaver 2000](#)). Thus, even if the deleterious effects do not show up immediately, they *are* often evinced in adulthood.

Positive Correlates and Outcomes

Parentification can have a positive or constructive side, as some researchers have suggested ([Boszormenyi-Nagy and Spark 1973](#); [Byng-Hall 2008](#); [Hooper et al. 2008](#); [Jurkovic 1997](#); [Pakenham et al. 2007](#); [Telzer and Fuligni 2009](#)). Several recent studies have explored the intersection of parentification in adolescents and positive outcomes in adulthood. Parentification is associated with problem-solving ([McMahon and Luthar 2007](#)), coping skills ([Stein et al. 2007](#)), personal growth, competence ([Champion et al. 2009](#); [Kuperminc et al. 2009](#); [Telzer and Fuligni 2009](#)), fewer pseudo-mature behaviors (e.g., tobacco and alcohol use) ([Stein et al. 2007](#)), and positive mental health ([Shifren 2001](#)).

Hooper's research has attempted to offer a balanced, less myopic approach to clarify outcomes associated with parentification in childhood and functioning – both negative and positive – in adulthood. The examination of negative and positive outcome variables is a methodological strength of her studies. For example, in addition to negative effects, Hooper et al.'s research ([Hooper 2003](#), [2007a](#), [b](#); [Hooper and Wallace 2010](#)), which included a range of study populations (adolescents, emerging adults, older adults, and family units), has documented growth, psychopathology, distress, resiliency, and competency in adulthood among individuals who experienced parentification in childhood. Her studies also have provided support for the theoretical proposition that types of parentification (i.e., instrumental and emotional) are

associated with and a unique predictor of differential outcomes ([Hooper et al. 2008](#)). Consistent with the research base, Hooper and colleagues have found in their studies that emotional parentification is correlated with more negative outcomes at greater rates than instrumental parentification ([Hooper et al. 2008](#); [Hooper and Wallace 2010](#)).

Recently, her development and validation of the Parentification Inventory ([Hooper 2009](#)) allow for an additional measurement of parentification. Her Parentification Inventory measures not only the roles, responsibilities, and processes of parentification but also the parentified individual's perceived benefits. Establishing a measure that captures the perceived benefits of parentification is a needed addition in the clinical and research literature and thus to the assessment of parentification ([McMahon and Luthar 2007](#)).

Gaps in the Literature on Parentification

Effects of Racial and Cultural Factors

Although [Boszormenyi-Nagy and Spark \(1973\)](#) have long discussed the possible implications of culture on parentification (e.g., "Children of the ghettos have been described as prematurely charged with parent-like responsibilities" [p. 155]), there has been a paucity of empirical research on cultural factors and parentification. Given the dramatic racial and ethnic changes that are happening in the USA (US Census Bureau [2004](#)), it is critical to consider the relevance of race and culture (e.g., gender, rural, and frontier geographic regions) on parentification ([Hooper 2016](#)). For example, the influence of gender on the course of parentification warrants continued empirical investigation ([Kuperminc et al. 2009](#)). In a recent study, Latino adolescent male participants reported higher levels of parentification than their Latino adolescent female counterparts, although a limitation of this study was that no differentiation among subgroups of Latino participants was established ([Diaz et al. 2007](#)). There continues to be a lack of consistency in the literature on the relations among gender, parentification, and functioning, although it is often hypothesized that parentification is more prevalent and deleterious in adolescent girls than adolescent boys ([Champion et al. 2009](#)). Clarifying when, for whom, and in what family context gender moderates parentification outcomes is a worthy area of future research.

With regard to race, the parentification research has often focused on White American college students ([Fitzgerald et al. 2008](#)) or White American youth ([Chase 1999](#); [Galambos and Tilton-Weaver 2000](#)). Thus, the study of parentification in international, racial minority populations – coupled with a focus on both negative and positive outcomes – would extend knowledge on prevention, intervention, and treatment efforts. A few researchers have examined the moderating and mediating effects of cultural factors on parentification ([Burton 2007](#); [Kuperminc et al. 2009](#); [Diaz et al. 2007](#); [Siskowski 2006](#); [Telzer and Fuligni 2009](#)), but much more research is needed. Qualitative research studies may also help uncover and privilege the voices of racial and cultural minority groups and disentangle for whom the parentification process may be considered normative and culturally appropriate ([Godsall et al. 2004](#); [Hooper 2014](#); [Hooper et al. 2015](#)). Research questions that consider the intersection of race, gender, acculturation, immigration status, and parentification, for example, are needed.

Culturally Tailored Assessment and Treatment

Clearly, the society has become culturally diverse and culturally plural. To design and implement the best evidence-based practices, cultural factors must be considered. Currently, assessment and treatment practices often pathologize cultural factors that are recognized to put *some* children and adolescents at risk for parentification ([McMahon and Luthar 2007](#); [Godsall et al. 2004](#); [Jurkovic et al. 2001](#)). However, research that purposefully includes cultural factors could help explain the extent to which and for whom

cultural factors serve as buffers or moderators of the effects of adolescent parentification ([Fitzgerald et al. 2008](#)). Such research could, thereby, inform culturally responsive and culturally tailored assessments and treatments in general and culturally tailored family systems assessments and treatments in particular ([Hooper and Wallace 2010](#)).

Physical Health Outcomes

Finally, there has been an overwhelming focus on the psychological sequelae when studying the effects of parentification. Notably absent are possible physical outcomes (e.g., obesity and diabetes) associated with parentification ([Luecken and Lemery 2004](#); [Shifren and Kachorek 2003](#)). In addition, physical health functioning and chronic health conditions (e.g., parent diagnosed with HIV; see [Stein et al. 2007](#)) of family members often serve as an antecedent to parentification, but few studies explore how the parentified individual's health may be affected. One study (see [Hooper et al. 2012](#)) examined the extent to which parentification moderated the relation between parent health and adolescent health outcomes. Although parentification served as a buffer between parent alcohol use and adolescent alcohol use, it did not moderate the relation between parent health (i.e., BMI) and adolescent health (i.e., BMI). Going forward, research and clinical communities would benefit from empirical investigations focused on the link between physical health and parentification.

Conclusion

Parentification can have negative effects on adolescents and the adults they become; nevertheless, it can also have positive effects, as many clinicians and researchers have conjectured ([Boszormenyi-Nagy and Spark 1973](#); [Byng-Hall 2002, 2008](#); [Hooper et al. 2008](#); [Pakenham et al. 2007](#)). Several scholars suggest that parentification should not be considered pathological in *all* circumstances because it can serve a positive purpose in certain situations ([Boszormenyi-Nagy and Spark 1973](#); [Jurkovic 1997](#); [Burnett et al. 2006](#); [Hooper 2007a, 2009](#); [Hooper et al. 2009](#)). [Aldridge and Becker \(1993\)](#) posit that, in most families, adolescents help to provide care to family members to some degree and that such caregiving should be promoted as part of a healthy adolescent development. The discourse on the possibility of positive outcomes after adolescent parentification is increasing; however, rigorous, multi-informant empirical studies of positive outcomes are still needed. Future empirical research should devote equal attention to the positive and negative aftereffects of adolescent parentification ([Champion et al. 2009](#)). A sound evidence base that examines both is needed. Researchers should also examine whether and how racial and cultural factors moderate or mediate the effects of parentification.

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