

# Defining and Understanding Parentification: Implications for All Counselors

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## ABSTRACT

This article advances a balanced discussion of the extent to which varied outcomes are evidenced in adulthood after one has been parentified in childhood. Recommendations are provided that may help counselors avoid the potential overpathologizing of clients with a history of parentification. Suggestions for clinical practice are put forth for all counselors.

Parentification is a ubiquitous phenomenon that most school, community, and family counselors as well as other human helpers face (Byng-Hall, 2002). That is, most counselors are likely to encounter both children and adults who have a history of parentification—a *potential* form of neglect (Boszormenyi-Nagy & Spark, 1973; Chase, 1999). What is parentification, and given its relationship with negative outcomes and behaviors, what can counselors do to avoid overpathologizing the client's signs, symptoms, and behaviors associated with parentification? This paper offers a review of what clinical practitioners and researchers have described in the literature. Subsequent to a brief review of the literature, suggestions regarding practice efforts directed toward clients who have experienced parentification are put forward.

## Defining Parentification

*Parentification* is the distortion or lack of boundaries between and among family subsystems, such that children take on roles and responsibilities usually reserved for adults (Boszormenyi-Nagy & Spark, 1973). That is, either explicitly or implicitly, parents create an environment that fosters caretaking behaviors in their children that help maintain homeostasis (i.e., balance) for the family in general and the parent in particular. Above and beyond maintaining homeostasis for the family, the responsibilities that are carried out by the parentified child are traditionally behaviors that provide the parent with the specific emotional and instrumental support that the parent likely did not receive while he or she was growing up (Boszormenyi-Nagy & Spark, 1973; Minuchin, Montalvo, Guerney, Rosman, & Schumer, 1967). Thus, the child must be emotionally available for the parent, even though the parent is often emotionally unavailable for the child, which may engender a chronic state of anxiety and distress in *some* emotionally parentified children (Bowen, 1978; Briere, 1992; Cicchetti, 2004). The clinical literature has also reported that the breakdown in the generational hierarchy may rob the child of activities that are developmentally appropriate; the child instead participates in either instrumental or emotional caregiving behaviors directed toward parents, siblings, or both that may go unrewarded and unrecognized (Boszormenyi-Nagy

## 35 Defining and Understanding Parentification

& Spark, 1973; Jurkovic, 1997; Kerig, 2005; Minuchin et al., 1967). Some research and practitioners contend that to fully understand the aftereffects of parentification, the type of parentification (i.e., emotional and instrumental) experienced in the family must be assessed (Jurkovic, 1997).

*Emotional parentification* is the participation in the “socioemotional needs of family members and the family as a whole” (Jurkovic, Morrell, & Thirkield, 1999, p. 94). Behaviors described by Jurkovic and colleagues include, “serving as a confidant, companion, or mate-like figure, mediating family conflict, and providing nurturance and support” (p. 94). *Instrumental parentification* is the participation in the “physical maintenance and sustenance of the family” (Jurkovic et al., 1999, p. 94). Behaviors described by Jurkovic and colleagues include, grocery shopping, cooking, housecleaning, and performance of daily duties that involve caring for parents and siblings” (p. 94).

Of significance to counselors and other mental health practitioners, not all children who are parentified will experience negative aftereffects (Byng-Hall, 2002; DiCaccavo, 2006; Earley & Cushway, 2002; Tompkins, 2007). In fact, approximately only one-fourth of all children who experience neglect will go on to experience negative aftereffects (Alexander, 1992; Cicchetti & Toth, 1995; Golden, 1999; Toth & Cicchetti, 1996; West & Keller, 1991). The next section takes a less myopic view of the potential aftereffects of parentification often reported in the literature. The following section includes a brief review of the research base of both negative and

positive outcomes associated with parentification.

### *Understanding Parentification: The Negative and Positive Effects of Parentification*

*Established Negative Effects.* Studies in the last 30 years have established a relationship between parentification and later maladjustment. Researchers have found linkages from early childhood stress/trauma to child and parent factors such as divorce (Wallerstein, 1985), parental alcohol and drug use (Bekir, McLellan, Childress, & Gariti, 1993), disruption in attachment (Zeanah & Zeanah, 1989), family discord, low socioeconomic status (Boszormenyi-Nagy & Spark, 1973; Minuchin et al., 1967), depression, and attachment and relational difficulties (Jones & Wells, 1996).

The effects of childhood parentification can be long-lasting, multigenerational, and deleterious, presenting over the course of a lifetime (Chase, 1999; Karpel, 1976; West & Keller, 1991). For young adults, parentification can impede “normal” development related to relationship building, personality formation, and other developmentally critical processes (Burt, 1992; Goglia, Jurkovic, Burt, & Burge-Callaway, 1992; Sessions & Jurkovic, 1986; Wolkin, 1984). Valleau, Bergner, and Horton (1995) found that children who are parentified have significantly more “caretaker characteristics” in adulthood than do those children who are not parentified. Similarly, Jones and Wells (1996) found an association between personality characteristics such as “people pleasing” and adults who had been parentified. Further, their study, comprising 208 undergraduate students

from a large Midwestern university, found that participants who were destructively parentified as children often relate to others in problematic, overfunctioning, caretaking ways.

Domains like separating from the family of origin, participating in age-appropriate behaviors (Olson & Gariti, 1993), engaging in academic pursuits, and developing self-esteem can also be affected (Bekir et al., 1993; Chase, Demming, & Wells, 1998). Other aftereffects may include mental illness in general, and depression, anxiety, substance abuse, and dependence disorders in particular. For example, Chase et al. (1998) found relationships between high levels of parentification and academic achievement and parental use of alcohol. These findings are consistent with multiple studies that have established a relationship between parentification and alcohol use by at least one parent or guardian (Bekir et al., 1993; Goglia et al., 1992). Bekir et al. concluded that adults who abuse alcohol or drugs are often unable to perform their parental duties and that, therefore, the parentified child is often left to care for self, siblings, and parents. Bekir et al. also found that the parentified child is often inclined to repeat the same behaviors as an adult with his or her own children. Borderline personality and dissociative disorders, although rare, can be evidenced in extreme cases of this phenomenon (Cicchetti, 2004; Liotti, 1992; Wells & Jones, 2000; Widom, 1999).

As previously mentioned, neglect such as parentification can be and often is traumatic for a child as well as for the adult he or she becomes (Aldridge, 2006; Alexander, 1992; Chase, 1999; Jurkovic, 1998). Trauma is often

experienced when a situation or environment is perceived as being overwhelming, threatening, and too much for the individual (Briere, 1992; Lazarus & Folkman, 1984), or when a chronically stressful situation becomes unrelenting and the individual is unable to adapt and cope with the experience in a healthy functional way (Brewin, Andrews, & Gotlib, 1993; Werner, 1990).

Parentification can therefore be characterized as a traumatic event and an adverse process, in accord with the definitions and criteria put forward in the family and trauma literature, that have long-lasting effects experienced in adulthood (Belsky, 1990; Briere, 1992; Chase, 1999; Cicchetti, 2004). Further, extant literature on parentification has shown that the process is in fact adverse for most children and that it can later be linked to poor adult functioning. The process of childhood parentification can, in the adults those children become, produce a fear of having children and/or lead to the transmission of parentification across many generations (Boszormenyi-Nagy & Spark, 1973; Bowen, 1978; Chase et al., 1998).

#### *Potential Positive Effects*

Because of the trauma often related to the parentification process (e.g., significant distress, adversity, dissociation, and even suicide [Jurkovic, 1997; Markowitz, 1994]), research has tended to focus on psychopathology and other negative outcomes (Barnett & Parker, 1998; Walker & Lee, 1998). There is a dearth of research discussing positive outcomes after childhood parentification. One of the few studies to do so, conducted by Jurkovic and Casey

## 37 Defining and Understanding Parentification

(2000), reported on the linkage between emotional parentification and interpersonal competence among Latino adolescents. That study's findings suggested that higher levels of emotional parentification are predictive of higher levels of interpersonal competence. On the other hand, adolescents who experience low levels of emotional parentification—in a family system in which they perceive the parentification process (i.e., the assignment of and the responsibility to carry out parent like duties) to be unfair—also experience low levels of competence. Jurkovic and Casey concluded that parentification has the potential to promote competence. Additionally, they suggested that potentially critical to positive outcomes after parentification is the degree to which the child perceived the process to be fair. In the context of a family system where children have reported that the parentification process was “fair” also reported that their parent-like behaviors and responsibilities did not go unnoticed and they carried out those responsibilities for brief periods of time.

Of significance, a family system absent of parentification may prevent some children of the skills and abilities they could use across domains and throughout their lives—although more research is needed to clarify and support this assertion. Towards this end, in Thirkield's (2002) study examining the relationship between instrumental parentification in childhood and interpersonal competence in adulthood, a significant positive linear relationship was obtained. Thirkield also found a positive relationship between age, positive outcomes (operationalized as interpersonal competence), and instrumental parentification. Findings

from these studies (Jurkovic & Casey,2000; Thirkield,2002) provide preliminary support showing that (a) benefits may be engendered by the parentification process, and (b) benefits may last over time.

In a more recent study conducted by Walsh, Zvulun, Bar-On, & Tsur (2006) they examined the extent to which the parentification process may be associated with positive factors among adolescent immigrants. In their study they found parentification was related to positive outcomes such as high levels of individuation and differentiation from the family system. They also found when adolescent immigrants and non-immigrants perceived their roles and responsibilities as fair and age appropriate the outcome was positive: sense of mastery and competence. Thus they concluded the provision of parent-like roles and responsibilities among the study sample engendered individual autonomy, self-mastery, and family cohesion. McMahan and Luthar (2007) also found a relationship between psychosocial adjustment and parentification. Of significance, and in support of divergent findings related to childhood parentification and adult outcomes, McMahan and Luthar contend this process and its associated outcomes are multidetermined and multifactorial, even in the context of severe, long-standing levels of parentification. For example, among their study sample of children living in poverty, the researchers failed to find a significant, stable relationship between parentification and poor outcomes.

### Discussion

Given the overwhelming findings regarding negative outcomes, counselors

may be inclined to delimit their therapeutic encounters to investigations that look for the negative outcomes often seen among this population (DiCaccavo, 2006; Earley & Cushway, 2002; Kerig, 2005). This potential overpathologizing among counselors (Barnett & Parker, 1998; Hooper, 2007) could result in missed opportunities to uncover exceptions, that is, when positive skills and coping strategies are experienced. Consistent with a wellness, strength-based counseling framework, counselors should assess for clients' strengths—if any—derived from the parentification process and infuse them into the counseling and treatment planning process. Therefore, the advantage of the application of the counseling wellness framework—as compared to a deficit or medical model framework—is that it allows for the explication of differential outcomes—both negative and positive—associated with parentification (DiCaccavo, 2006; Hooper, 2007; Jurkovic, 1997; Mayseless, et al., 2004).

In the case of potential neglect, such as parentification, many factors, as previously described, may contribute to the same event or process leading to divergent outcomes. For example, parentification can be perceived as traumatic, as stressful but not traumatic, or as a regular, even an anticipated cultural event in the course of daily living (Walsh, et al., 2006). To this end, a large body of trauma literature has suggested that the *number* of stressors has more to do with the outcome or aftereffects than does a particular stressor itself (Waller, 2001). Thus, in the case of parentification, the number of stressors may influence the outcome

exhibited in both childhood and adulthood.

Also, as asserted in the parentification literature (Chase, 1999; Jurkovic, 1997, 1998; Minuchin et al., 1967), how long the stressor was related to providing caregiving to the parent and sibling is also a contributing factor for those children who carry out the parentified role in their family of origin. Those who perform this role for short periods of time may perceive the role as less overwhelming, stressful, or traumatic than will others (Byng-Hall, 2002; Saakvitne & Tennen, 1998; Tedeschi & Calhoun, 1995). Finally, from a developmental perspective, older children are likely to feel more equipped to take on the caregiving role than younger children, thereby influencing growth or distress outcomes associated to the parentification process.

All counselors should consider the following points when working with clients who have a history of parentification.

1. First, consider that not all clients who are parentified experience negative sequelae that are often reported in the clinical and research literature (Barnett & Parker, 1998; Byng-Hall, 2002; Jurkovic, 1997; Jurkovic & Casey, 2000; McMahon & Luthar, 2007; Thirkield, 2002; Tompkins, 2007).

2. Consider how long the parentification process has been going on. The resultant aftereffects may be different for clients for whom the process is brief and temporary as compared to long and chronic (DiCaccavo, 2006; Tompkins, 2007). Shorter brief episodes of parentification may foster competency and self-efficacy in the client rather than

## 39 Defining and Understanding Parentification

pathological, poor outcomes (McMahon & Luthar, 2007).

3. Consider the age of the client. The aftereffects are likely to be different for a younger child who is parentified as compared to an older adolescent (Kaplow & Widon, 2007; Walsh et al., 2006).

4. Determine if the parentification process is delimited to instrumental, emotional, or both. The research suggests emotional parentification may be more deleterious than instrumental parentification (Hooper, 2007; McMahon & Luthar, 2007; Tompkins, 2007).

5. Consider the cultural and familial context in which the client is embedded. For example, how do the family and people who adopt the client's culture perceive the parentification process (Jurkovic, et al., 2001; Walsh, et al., 2006)? Is the parentification process culturally expected and valued?

6. Consider using a questionnaire to capture the level, type, and perceived fairness of parentification (e.g., Jurkovic & Thirkield, 1998, for child and adult instruments).

7. Examine to what extent the client feels the parentification process is "fair." Again, research suggests if the process is perceived to be "fair" then it is often associated with fewer negative outcomes (Jurkovic, et al., 1999).

8. There may be strengths engendered by the parentification process (Hooper, 2007; Tompkins, 2007). Thus it may be helpful to explore both positive and negative aspects of the parentification process.

9. Involve the family if possible. Education may be all the family needs to help the client and family restore or reestablish the appropriate boundaries where the child (if working with a child or adolescent) has a safe, appropriate context to grow, learn, differentiate, and thrive (Walsh et al., 2006).

10. Consider a referral. Depending on the context in which a counselor works, and the extent and level of adversity associated with the parentification process, specific trauma-based counseling (Calhoun & Tedeschi, 1999) may be indicated.

### Summary

Counselors and researchers have long demonstrated a clear awareness of the deleterious effects of parentification in general (Chase, 1999; Jurkovic, 1997; Mayseless, Bartholomew, Henderson, & Trinke, 2004). On the other hand, and at the same time, Barnett and Parker (1998) concurred with Boszormenyi-Nagy and Spark (1973) that it may in fact be maladaptive to avoid or miss out on *any* parental roles in the family of origin—in that many lessons for adulthood and parenthood are derived from family-related roles and responsibilities (i.e., parentification) during childhood. Recently, Barnett and Parker (1998) have questioned whether parentification leads to early competence or childhood deprivation. Similarly, one of the "founding fathers" (Boszormenyi-Nagy) of the construct of parentification reminded counselors, theorists, researchers, and the like that "the term describes a ubiquitous and important aspect of most human relationships. It is suggested that parentification should not be unconditionally ascribed to the realm of 'pathology' or relational dysfunction.

It [parentification] is a component of the regressive core of even balanced, sufficiently reciprocal relationships” (Boszormenyi-Nagy & Spark, 1973, p. 151)◆

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## 41 Defining and Understanding Parentification

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### 43 Defining and Understanding Parentification

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