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Developmental Implications of Parentification: An Examination of Ethnic Variation and Loneliness

Bertha Preciado

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DEVELOPMENTAL IMPLICATIONS OF PARENTIFICATION:
AN EXAMINATION OF ETHNIC VARIATION AND LONELINESS

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Child Development

by
Bertha A. Preciado
June 2020

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ABSTRACT

Parentification is a parent-child role reversal wherein the parent abdicates their parental responsibilities towards the child and the child responds by performing caretaking behaviors towards their parent. Parentification has previously been examined using a Western theoretical framework and with European/White Americans samples. Within the parentification literature, feelings of loneliness have been mentioned as an outcome of parentified individuals; however, the topic had yet to be examined empirically and with an ethnically diverse sample. The current study investigated parentification and feelings of loneliness across African/Black, Latinx, and European/White American individuals. It was found that ethnic minorities experienced higher levels of parentification compared to European/White American individuals. Despite the differences in parentification, feelings of loneliness were similar across the ethnic groups. Overall, the findings highlight the need to consider ethnic and cultural variations when examining parentification and feelings of loneliness. The limitations and implications of this study are discussed.

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CHAPTER ONE

LITERATURE REVIEW

Introduction

Parenting practices directly impact children's development throughout their lifespan (Sorkhabi, 2005). Given this immense responsibility, parents often worry about their ability to aptly meet their children's needs. Parents are expected to attend to the basic and psychological needs of their children. However, there are environmental, cultural, and psychological circumstances that might challenge the parent's ability to do so, which can lead to boundary disturbances among the parent and their child. One particular boundary disturbance known as "parentification" involves a role reversal between the parents and children. Parentification can be especially detrimental to the child's developmental outcomes (Macfie, Brumariu, & Lyons-Ruth, 2015). The present study will use systems theory to investigate the impact of parentification on one specific outcome: loneliness. We will specifically examine whether the association between parentification and loneliness differs across ethnic groups.

Systems theorists emphasize the role of boundary maintenance in healthy family functioning. Boundary maintenance refers to the idea that need fulfillment occurs within appropriate subsystems. For example, children should rely on their parents for emotional or psychological need fulfillment, but parents should not rely on children for these needs. Parents with boundary disturbances are often

desensitized and unresponsive to their children's unique developmental stages, which can lead to maltreatment of the children (Higgins & McCabe, 2003).

Childhood maltreatment includes physical and psychological abuse. Both types of abuse result in short and long-term repercussions for children (Higgins & McCabe, 2003). The focus of the current project will be on a specific type of psychological and emotional abuse termed parentification. This concept is defined as a pathological distortion of roles between parents and their children (Chase, 1999; Hooper, 2007a, Macfie et al., 2015; Kerig, 2005).

In such cases, parents abdicate their responsibilities to the children and in turn, the children perform caretaking tasks for the parents and at times, the entire family (Barnett & Parker, 1998; Early & Cushway, 2002; Garber, 2011; Hooper, DeCoster, White, & Voltz, 2011). Parentification necessitates emotional involvement of the children, which can overtax the child's emotional development (Haxhe, 2016). However, cultural groups vary with respect to the degree of emotional involvement they expect from their children. In order for researchers and clinicians to understand, assess, and treat parentification, they must develop an awareness regarding the accepted norms for parent-child emotional closeness across cultural and ethnic groups.

Until recently, the majority of parentification research focused on European/White Americans (Hooper, Tomek, Bond, & Reif, 2015; Khafi, Yates, & Luthar, 2014). The few researchers who included ethnic minorities in their studies failed to consider the familial behaviors that are unique to ethnic minority

populations (Hooper, Wallace, Doehler, & Dantzler, 2012b). Incorrect conclusions may be drawn regarding family dysfunction when observing the level of closeness or interdependence that exists among some ethnic minority families. For example, researchers might pathologize high levels of closeness that are common in some African/Black and Latinx families (Kerig, 2005; Mayseless, Bartholomew, Henderson, & Trinke, 2004).

Researchers who focus on ethnic minorities have found higher levels of parentification in those populations compared to European/White Americans; yet, they also find comparable levels of psychological well-being across ethnic groups (Hooper et al., 2012b). Therefore, it is important for researchers to consider contextual variables such as ethnicity when studying familial constructs such as parentification.

Parentified children experience bimodal developmental outcomes (Barnett & Parker, 1998; Hooper, 2007b, Hooper et al., 2011; Jurkovic, 1998). Bimodal developmental outcomes referring to both positive and negative implications have been found among parentified individuals. Positive outcomes include parent-child closeness, resiliency, and posttraumatic growth (PTG) (Barnett & Parker, 1998; Early & Cushway, 2002; Hooper, 2007a, Hooper, Marotta, & Lanithier, 2008).

Negative implications, which have received more empirical attention than the positive outcomes, include the elicitation of insecure attachment styles, impaired social functioning, as well as poor physical and psychological health

(Barnett & Parker, 1998; Byng-Hall, 2002; Early & Cushway, 2002; Gilford & Reynolds, 2010; Hooper, 2007a, Hooper, 2007b; Jones & Wells, 1996; Jurkovic, 1998; Valleau, Bergner, Horton, 1995, Wells & Jones, 2000). Researchers must consider the individual's unique circumstances and thoroughly examine the psychological construct that has the capability to elicit bimodal developmental outcomes.

Loneliness is one of the most severe and least discussed outcomes of parentification. People have an innate need to belong (Mellor, Stokes, Firth, Hayashi, & Cummings, 2008). Those who experience dysfunction in the parent-child subsystem have difficulty meeting their need to belong. They are at risk for developing an insecure attachment style which inhibits healthy relationship functioning (Heinrich & Gullone, 2006).

Interpersonal disruption and/or deprivation can trigger loneliness and may elicit physical and psychological complications. In cases of parentification, the caregivers encourage their child(ren) to remain physically and emotionally close which limits contact with same-aged peers and hinders the ability to formulate meaningful relationships (Jurkovic, 1997; Jurkovic, 1998). Parentified children often feel burdened by the caretaking tasks they perform for their parents, which can lead to loneliness.

A number of areas remain unexplored regarding parentification and loneliness. Loneliness as a developmental outcome of parentification that has yet to be examined quantitatively, which impedes the ability to generalize across

ethnic groups (Jurkovic; 1998). Another limitation of extant research is that conclusions about loneliness have been drawn from clinical observations rather than self-report methods (Chase; 1999; Jurkovic, 1997). There are only a handful of self-report studies on this topic, which mainly focused on the antecedents of parentification including parental mental health, substance abuse, domestic violence, and health decline (Chase, Deming, & Wells, 1998; East, 2010; Van Parys, Bonnewyn, Hooghe, de Mol, & Rober, 2015).

Given that parentification occurs along a continuum, it is important to assess the construct of parentification in non-clinical populations. Also, cultural stigma about seeking treatment often limits the ethnic diversity of clinical samples (Sue & Sue, 2013; Vogel, Armstrong, Tasi, Wade, & Hammer, 2013). The current study will fill these gaps by assessing parentification and loneliness using self-report methods with an ethnically diverse, non-clinical sample. Family systems theory provides a useful framework for investigating this topic because parentification manifests when the parent and child subsystems exhibit loose boundaries (Shaffer & Sroufe, 2005).

Family Systems Theory

A basic premise of family systems theory is that subsystems are embedded within a whole and are therefore likely to impact each other (Shaffer & Sroufe, 2005). If pathology occurs in one subsystem, such as the parent-child relationship, the entire family risks disruption. The family systems concepts that

help explain parentification include: 1) interactive subsystems and 2) boundaries (Shaffer & Sroufe, 2005; White, Klein, Martin, 2015).

Family subsystems have distinct generational and interpersonal boundaries (Shaffer & Sroufe, 2005). In healthy families, boundaries are constructed to control the transmission of communication, establish psychological distinctiveness among members, and respond to the children's developmental needs (Nuttall, Valentino, & Brokowski, 2012; White et al., 2015). Parentified children experience boundary disruption in that the children are included in inappropriate dialogue among adults. The parents also fail to recognize the psychological distinctiveness of their children and expect them to become responsible for the needs of the parent(s) (Barnett & Parker, 1998; Early & Cushway, 2002; Garber, 2011; Hooper et al., 2011).

The concept of subsystems refers to the relational dynamics that exist among select members of the family unit (White et al., 2015). Subsystem inclusion is dictated by the family rules and roles of each individual member (White et al., 2015). The couple relationship, sibling relationships, and parent-child relationships are examples of inter-family subsystems.

Parentification is an example of a subsystem violation because children are included in the couple subsystem and undertake caretaking tasks and responsibilities that are usually reserved for adults (e.g., mediating family conflicts, serving as an emotional confidant for a parent, being responsible for

home maintenance). Child involvement in the couple subsystem disrupts the parent-child subsystem boundaries.

Relational boundaries refer to parameters among subsystems that serve purposeful functions (White et al., 2015). The first function is to regulate the flow of information, which protects the children from becoming knowledgeable of topics that are developmentally inappropriate such as financial or marital problems. Second, boundaries separate subsystem members and allow individuals to develop distinct identities. Third, boundaries outline appropriate behaviors based on subsystem membership such as couple members providing emotional support for one another rather than relying on a child for this type of support. Parentification occurs when boundaries are blurred, and a role reversal emerges between members of the couple/parental and child subsystems. In such cases, the boundaries between the parent and child become enmeshed (Hooper, 2007b).

Boundary disturbance refers to the loss of psychological distinctiveness or the reversal of interpersonal roles between people (Kerig, 2005). This term most commonly pertains to the pathological relational dynamic between a parent and child. Boundary disturbances include a variety of processes such as boundary dissolution, role reversal, enmeshment, adultification, and parentification (Hooper, 2007b; Khafi et al., 2014); this study focuses on only one of these processes, parentification.

Parentification

Antecedents of Parentification

The term equifinality refers to the idea that an outcome, in this case parentification, can occur through multiple pathways. Some pathways that lead to parentification include parent mental and/or physical illness, substance abuse, divorce or separation, as well as intergenerational boundary disturbances, and ethnic/cultural expectations regarding familial obligations (Barnett & Parker, 1998; Burnet, Jones, Bilwise, & Ross, 2006; Chase, 1999; Early & Cushway, 2002; Fuligni, Tseng, & Lam, 1999; Jacobvitz, Morgan, Kretchmar, & Morgan, 1991; Jurkovic, Thirkield, & Morrell, 2001). Each of the aforementioned antecedents involves unique circumstances wherein the parenting behaviors become compromised. A detailed description of the parental circumstances and their associated child outcomes as a result of parentification is beyond the scope of this project. For a full description of parentification antecedents, please refer to the following literature: Barnett and Parker (1998), Earley and Cushway (2002), and Jurkovic (1998).

Types of Parentification

There are two main types of parentification: instrumental (functional or logistical) and emotional (expressive) (Chase, 1999; Hooper, 2007b; Hooper et al., 2008; Jurkovic, 1997; Winton, 2003). At times, children may perform both instrumental and emotional caretaking tasks for their parent, which increases the

amount of caretaking demands placed on the child as well as the risk for poor developmental outcomes. Each of these types is outlined below.

Instrumental Parentification. Instrumental parentification occurs when a child performs the functional caretaking tasks of the household such as cooking, cleaning, working/providing financial support, balancing the family budget, and providing care for younger siblings (Chase, 1999; Hooper, 2007b, Jurkovic, 1997). The completion of these instrumental tasks alleviates the parent from stressors that are associated with home maintenance (Hooper, 2007b). Some research on instrumental parentification suggests that children experience positive outcomes (e.g., feeling competent, accomplished) if they perform caretaking tasks that are within their developmental capabilities and that are perceived as valuable by family members (Hooper, 2007b). It is important to distinguish when an assigned chore can manifest into instrumental parentification. This can occur when the instrumental task surpasses the developmental capabilities of the child. For example, when a 10-year-old child is asked to care for their younger siblings for prolonged periods of time. With instrumental parentification, the responsibilities often overtax the child, resulting in negative outcomes (Jurkovic, 1997; Jurkovic, 1998).

Emotional Parentification. Emotional parentification manifests when a child fulfills the emotional or psychological needs of the parent, and at times of the entire family (Chase, 1999; Hooper, 2007b; Jurkovic, 1997; Perrin, Ehrenberg, & Hunter, 2013). The emotional tasks assigned to a child may include serving as a

confidant for the parent, being entrusted with sensitive information that is developmentally inappropriate (e.g., financial hardship, marital discord), mediating family conflicts, and taking on the role of peacekeeper (Schier, Herke, Nickel, Egle, & Hardt, 2014). These caretaking responsibilities provide the parent with emotional and psychological support; however, they are developmentally inappropriate because the child is required to become invested in adult affairs. Compared to instrumental parentification, emotional parentification has more deleterious effects on the child's developmental trajectory; it severely affects their social and emotional development (Katz, Petracca, & Rabinowitz, 2009).

A child who continuously provides for others-particularly at the expense of her- or himself--is likely to experience insecure attachments and feelings of unworthiness (Byng-Hall, 2002; Jurkovic, 1998; Valleau et al. 1995). Attachment disruptions can hinder the ability to form meaningful relationships (Katz et al. 2009). Children who perform excessive emotional caretaking for their parents are at risk for overlooking their own needs once they get into relationships as adults. They often repeat the pattern that was learned from their family of origin. They become responsible for the needs of their friends or romantic partners but do not expect the same fulfillment in return (Valleau et al. 1995).

Parentification and Ethnicity

There are a variety of reasons why it is important to consider ethnicity when studying parentification. First, parentification has been primarily examined using Western psychological perspectives such as psychoanalysis. Western

frameworks emphasize the development and independence of the individual (Kerig, 2005). People from collective cultures such as African/Black, Asian, and Latinx Americans may value familial interdependence over that of the individual (Kerig, 2005). Another source of ethnic variation may result from socioeconomic status (SES). In the U.S., ethnic minority families are at greater risk than European/White Americans for experiencing hardships such as poverty and racism (Marger, 2015).

These circumstances may require children to fulfill adult responsibilities such as caring for younger siblings or learning about the family's finances at a developmentally inappropriate stage. Immigrant ethnic minority parents experience additional, unique stressors related to acculturation. They often depend upon children to serve as cultural and language brokers which elevates children into the parental subsystem and requires them to perform adult duties (Hooper et al., 2015; Kerig, 2005). Children who serve as brokers for immigrant parents experience both positive and negative outcomes. Collectively, the aforementioned literature highlights the need to consider ethnicity when studying the construct of parentification, especially to avoid pathologizing potentially functional family dynamics (Hooper et al., 2015; Kerig, 2005).

Although researchers and clinicians have observed ethnic differences regarding the pathologies of parentification, the developmental consequences of parentification are not well understood (East, 2010). A wealth of research has addressed how children's excessive caregiving affects the developmental and

psychological well-being of European/White individuals, but findings are both limited and mixed for ethnic minorities. A majority of the research on parentification among ethnic minorities has focused on differentiating between types of parentification and outcomes, parent-child relationship quality, substance abuse, depression, and psychological well-being (Hooper et al., 2015; Kerig, 2005). The following paragraphs outline findings regarding the interplay of parentification, ethnicity, and various psychological outcomes.

Type of Parentification. Researchers who include ethnic minorities in their studies of parentification find mixed results. Hooper et al.'s (2011) meta-analysis, which included 72.4% European/White Americans, 17.5% African/Black Americans, and 8% Latinx Americans yielded no significant differences between parentification type (instrumental versus emotional) and pathological outcomes in adulthood. They found that the association between parentification and adult psychopathology was stronger for African/Black than for European/White Americans (Hooper et al., 2011). One reason for this finding is that in their meta-analysis, the studies with clinical samples were comprised of more African/Black than European/White participants (Hooper et al., 2011). The authors also noted that further work in this area was essential.

The research on parentification in Latinx populations is scarce. Mexican parents typically endorse interdependence, closeness, and the participation of all members in family activities (Shin & Hecht, 2013). Family functioning is heavily reliant on parent-child emotional closeness and the ability of children to carry out

caretaking tasks. Research with Latinx Americans indicates that parentification may result in positive child outcomes and that emotional parentification may not lead to adulthood pathology (Shin & Hecht, 2013). Possibly, parent-child closeness buffers the deleterious effects of parentification and serves as an adaptive response to environmental threats for these group of people.

Unfortunately, there is only one study examining parentification in Latinx families and it used four items to assess parent-child closeness, which did not adequately capture the construct's complexity.

Parent-Child Relationship Quality. Families are more likely to have positive relationships when clear parent-child boundaries are established. Khafi et al. (2014) longitudinally examined adolescents' and mothers' reports of relationship quality and parentification. The sample was comprised of 58% African/Black and 42% European/White participants. The researchers found no change in parent-child relationship quality between Times 1 and 2. However, interactions were found between emotional and instrumental parentification, parent-child relationship quality, and ethnicity. For African/Black dyads, emotional parentification enhanced the parent-child relationship, whereas for European/White dyads, emotional parentification did not strengthen the relationship. On the other hand, instrumental parentification contributed to lower parent-child relationship quality for European/White Americans but not for African/Black participants.

Substance Abuse. Parentified youth engage in more risk-taking behaviors because their responsibilities are not yet in sync with their developmental capabilities. They often imitate adult behaviors such as drinking alcohol and experimenting with drugs (Sang, Cederbaum, & Hurlburt, 2014). Hooper and colleagues (2012a) found that parentification moderated the association between parental alcohol use and adolescent alcohol use. Parental alcohol use predicted European/White adolescents' alcohol use; however, the same was not true for African/Black adolescents. No information was provided for the Asian group because they only constituted 2% of the sample. Shin and Hecht (2013) found that parentification did not predict adolescent alcohol consumption for Mexican youth. These researchers stated that the culture's emphasis on parent-child closeness and family obligation served as a buffer for Mexican youth.

Depression. Parentified individuals assume emotional burdens at an early age which can impact their psychological well-being and lead to depression. Hooper et al.'s (2015) sample contained 85% European/White American, 10% African/ Black, and 5% Latinx college students. European/White participants who scored high on parent-focused parentification reported high levels of depression, whereas African/Black participants who scored high on parent-focused parentification reported low levels of depression (Hooper et al., 2015). European/White and African/Black participants with low levels of parent-focused parentification had similar levels of depression (Hooper et al., 2015). European/White and Latinx participants exhibited differences related to sibling-

focused parentification (i.e., when one child meets the needs of their siblings) in that this type of parentification was positively associated with depression for European/Whites but not for Latinx participants (Hooper et al., 2015).

Hooper and colleagues (2012a) conducted research with adolescents and did not find an association between parentification and depression. However, they did find an interaction between parent alcohol consumption and parentification that predicted adolescent depression symptomology. Although Hooper et al. (2012) did not examine ethnic differences, their sample was comprised of 53% European/White, 43% African/Black, and 2% Asian participants (2% did not disclose their ethnicity/race). When examining depression and parentification among adult children of alcoholics, Carroll and Robinson (2000) also found normal to extreme levels of depression.

Psychological Well-Being. Although the early studies on parentification tended to examine adverse outcomes such as attachment insecurity, emotional abuse, and psychopathology (Hooper et al, 2008), recent research has examined both positive and negative outcomes. Parentification is generally detrimental to child development, but children may learn positive skills such as how to care for family members (Hooper et al., 2008; Ungar, Theron, Didkowsky, 2011). Children who provide care for parents and family members tend to be more mature, self-reliant, compassionate, and resilient (East, 2010; Hooper, 2008). Fortunately, some parentification research has examined psychological well-being among ethnic minorities.

Hooper et al.'s (2015) meta-analysis examined psychopathology and psychological well-being (i.e., life satisfaction) among parentified individuals. They found that European/White participants who reported low levels of parentification also reported high levels of life satisfaction. By contrast, African/Black participants with low levels of parentification reported low levels of life satisfaction. African/Black and European/White participants with high levels of parentification were similar in their levels of life satisfaction. Latinx participants reported high levels of parentification and high levels of life satisfaction. These results illustrate that a parentified individual's ethnic and cultural background effect psychological well-being, in this case life satisfaction (Hooper et al., 2015).

African/Black and Latinx communities are typically more collectivist than European/White individuals and therefore family interdependence is more commonly accepted and practiced. Ethnic minority parentified individuals are likely to concurrently report both high levels of parentification and psychological well-being. Also, when low levels of parentification are reported, lower levels of psychological well-being are observed as well. These findings highlight the need to consider parentification within the context of cultural and ethnic norms.

To summarize, the research indicates that parentification is more common in ethnic minority than European/White families (Hooper et al. 2011). However, the outcomes of parentification are more likely to include psychopathology (e.g., depression) for European/White than ethnic minority individuals (Hooper et al. 2015). Emotional parentification enhances parent-child relationship quality for

African/Black individuals whereas instrumental parentification seems to weaken that bond (Khafi et al. 2014). Life-satisfaction is correlated with lower levels of parentification for European/Whites but not for African/Black Americans (Hooper et al., 2015). As described above, the literature on parentification, its associated outcomes, and how the outcomes compare across ethnic groups is scarce. Additional work in this area is critically important.

Loneliness

Loneliness is an understudied outcome of parentification. It is important to examine this outcome because people who feel lonely tend to experience low self-esteem, feelings of incompetence, depression, anxiety, and poor physical health (Heinrich & Gullone, 2006; Miller, 2012). Chronic loneliness can obstruct psychosocial functioning and cause serious mental and physical health problems including early death. It is estimated that in individualistic Western countries, such as the U.S., one in four individuals experience feelings of loneliness at least occasionally (Mellor et al. 2008). This section defines loneliness, reviews the literature with respect to parentification, and highlights cultural and ethnic variation related to this construct.

Loneliness is a distressing state that is experienced when there is inconsistency between the interpersonal relationships a person desires and currently has (Heinrich & Gullone, 2006; McWhirter, 1997; van Staden & Coetzee, 2010). Clinicians and counselors describe five family patterns that result in chronic loneliness including unresolved grief, pathological certainty,

synchronicity, family expansion, and parental abdication (see Large, 1989 for a full review). This section addresses only parental abdication because it relates to parentification.

The potential for loneliness is augmented when a person abdicates their parenting role onto a developing child (Large, 1989). The consistent demand for a child to meet the instrumental or emotional needs of the parent disrupts the child's feelings of security and ability to develop independence. For example, typically developing children engage in solitary play when there is a parent nearby and as they get older, they learn how to manage on their own and tolerate feelings of loneliness (Large, 1989). Parentified children are encouraged to remain in close proximity to the parent, which limits their peer experiences and ability to develop social skills and meaningful relationships. Children who fail to resolve their need to belong with same aged peers are more likely to develop loneliness (Bagner, Storch, & Roberti, 2004).

Loneliness and Ethnicity.

Loneliness is prevalent in North American cultures (Rokach et al., 2002). European/White values emphasize the individual (over the group), autonomy, self-fulfillment, and impersonal methods of relating. These values, combined with the rise in social media and high rates of residential mobility mean that close relationships with others is reduced compared to the past. U.S. comparisons demonstrate that Latinx school-aged children tend to experience more loneliness than African/Black children (Bagner et al. 2004). Possibly, African/Black children

have distress-shielding resources that help protect from loneliness such as recruiting family members for assistance with stressors.

Loneliness has been examined using cross-cultural samples outside of the U.S. as well. Rokach and colleagues (2002) examined loneliness in Canadian and Spanish cultures. They assessed the dimensions of personal inadequacies, developmental deficits, unfulfilling intimate relationships, relation/separation, and social marginality. Canadians scored higher than Spaniards on all dimensions of loneliness. Rokach and Bacanli (2001) assessed the same dimensions with Canadians, Turkish, and Argentinian participants. In their study, Canadians reported higher scores on developmental deficits, personal inadequacies, and unfulfilling intimate relations. The Turkish and Argentinians reported similar levels of unfulfilling intimate relationships and developmental deficits, which were both lower than the Canadians. This finding might be due to common cultural influences in upbringing regarding duty and interdependence among the Turkish and Argentinian people (Rokach & Bacanli, 2001). Collectively, these studies support the premise that loneliness may be more prevalent in North America than in other parts of the world.

Research on loneliness and depression among Asian populations demonstrates higher levels of social loneliness among Chinese foreign exchange students when compared to Chinese American students (Hsu, Hailey, & Range, 2001). This finding is somewhat expected because of the cultural and familial displacement that results from being a foreign exchange student, which limits the

potential for social relationships. Chinese Americans, however, have demonstrated high levels of emotional loneliness, which may be due to the interconnection between social and emotional loneliness.

Rokach and Sharma (1996) explored loneliness in South Asian (India, Sri Lanka, Bangladesh, Singapore, and Pakistan), West Indian (Guyana, Trinidad, Barbados, and Jamaica), and North American (Canada and the U.S) cultures. Compared to North American cultures, South Asian and West Indian populations scored higher on emotional distress. Emotional distress was defined as feelings of emptiness and hopelessness brought on by loneliness. North Americans reported low levels of emotional distress, which was hypothesized to result from cultural norms that emphasize autonomy and solitude. South Asians and West Indians had similar, low scores on emotional distress. However, South Asians were highest of the three groups on alienation, interpersonal isolation, and social inadequacy. Perhaps, due to the collectivistic principles endorsed by South Asians, expressions of individualism were not as recognized. Attempts to assimilate to more individualistic orientations, along with a lack of community integration, likely contributed to their feelings of loneliness.

In sum, the literature demonstrates that loneliness is prevalent in North America, with immigrants and foreign exchange students being at greatest risk. These groups are adjusting to cultural norms that emphasize the individual over the group, which may exacerbate feelings of loneliness. Collective ethnic groups emphasize family interdependence whereas individualistic ethnic groups

emphasize autonomy and self-reliance. Consequently, loneliness must be considered in connection with a person's ethnic or cultural background.

Current Study

Parentified individuals experience a variety of poor psychological outcomes (Barnett & Parker, 1998; Early & Cushway, 2002; Hooper, 2007a, Hooper, 2007b; Jurkovic, 1998). Loneliness is among the most detrimental because it has the potential to greatly impact mental and physical health (Hooper, 2007b; Jurkovic, 1997). The few studies with ethnic minority participants demonstrate that parentification and its associated outcomes differ across groups; however, these associations have yet to be explored quantitatively. In this study, we sought to answer the following research question: Does the association between parentification and loneliness differ across ethnic groups? We examined the following specific hypotheses:

1. Ethnic minority group members (i.e., African/Black, Asian, and Latinx) will exhibit higher parentification scores than European/White participants.
2. African/Black and Latinx participants will report similar levels of parentification.
3. Ethnic minority group members (i.e., African/Black, Asian, and Latinx) will exhibit lower loneliness scores than European/White participants.

4. The association between parentification and loneliness will be moderated by ethnicity.

CHAPTER TWO

METHODS

Methods

Participants

A total of 159 participants completed the research study. We hoped to secure approximately even numbers of men and women, however our final sample consisted of 26% men and 72% women. Participants' ages ranged from 18 to 56 ($M = 25.40$, $SD = 6.19$). Due to the importance of ethnic variation for this study, we aimed to recruit an ethnically diverse sample; however, the resulting sample was predominantly Latinx. Ethnic composition of the participants was: 8% African/Black, 3% Asian, 20% European/White, 59% Latinx, 2% Middle Eastern, 3% other, 4% biracial, and 1% no response. The primary language was English (84%), followed by Spanish (13%), and Korean (1%). In terms of their primary caregiver growing up, 50% identified both parents, 43% identified their mother, 2.5% identified their father, and 4% responded other.

Procedure

Upon obtaining IRB approval, participants were recruited through SONA Systems, which is a participant management software system. The participants represented the undergraduate Psychology pool at CSUSB in terms of gender and ethnicity. After viewing the study information in SONA, they were directed to an online consent form and survey that was hosted on Qualtrics.com.

Appendices B – F contain the questionnaire for this study. Participants took

approximately 30 minutes to complete the survey. Participants were awarded 1 unit of extra course credit for completing the study that could be used at their instructor's discretion toward the student's class of their choosing.

Measures

This study contained two independent variables and one dependent variable. The independent variables were ethnicity and parentification. The dependent variable was loneliness.

Demographic Information. Participants were asked to provide information regarding their sex, sexual orientation, age, race/ethnicity, primary language, marital status, education level, and primary caregiver growing up.

Parentification. The Parentification Questionnaire (PQ; Jurkovic, 1997) is a 42-item scale that assesses the retrospective parentification experiences of adults, who as children, assumed caretaking responsibilities for their parent(s). Participants are asked to respond "true" or "false" to each statement. The PQ is scored by computing the total number of "true" (n = 25) and "false" (n = 17) responses. Sample "true" items include: "At times I felt I was the only one my mother/father could turn to" and "In my family I often felt like a referee." Sample "false" items include: "I hardly ever got involved in conflicts between my parents" and "Members in my family rarely needed me to take care of them." The PQ has a Spearman-Brown split-half reliability of .85 and Cronbach alpha coefficients ranging from .82- .92 (Hooper & Doehler, 2012). In the current study, the

Cronbach's alpha coefficient was .78. Appendix C contains the Parentification Questionnaire (pg. 46).

Loneliness. The UCLA Loneliness Scale (Version 3; Russell, 1996) is a 20-item questionnaire measuring an individual's feelings of loneliness. Participants are asked to respond to items using a 4-point Likert scale (1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Always). The scale is scored by summing items. Sample questions include "How often do you feel that your relationships with others are not meaningful?" and "How often do you feel you lack companionship?" Cronbach's alpha coefficients range from .89 to .94 and test-retest reliability over a one-year period has been shown to be .73 (Russell, 1996). In the current study, the Cronbach's alpha coefficient was .93. Appendix D contains UCLA Loneliness Scale (Version 3) (pg. 50).

CHAPTER THREE

RESULTS

Preliminary Analysis

Prior to testing the specific hypotheses, raw scores for parentification and loneliness were examined for missing values and outliers. Data from 201 participants were examined in the preliminary analyses. Thirty-eight participants either had missing data, the same responses on multiple measures, and/or unrealistic study completion times and were therefore removed from the sample. The survey contained a total of 3 test questions that were included to ensure careful responding by the participant. Four participants' responses were removed from the sample because they failed to answer those questions correctly. In total, 42 participants were removed from the original sample and 159 were used for the statistical analyses.

The researchers also checked assumptions for the statistical tests. Standardized "z" scores were calculated for the continuous variables to detect outliers. Results indicated that there were no outliers for the continuous variables (parentification and loneliness). Homogeneity of variance (HOV) was examined along with each statistical analysis and is reported in detail below with the corresponding analyses. The means and standard deviations for the study variables are shown in Table 1 on page 31.

Hypothesis Testing

Hypothesis I

Ethnic minority group members (i.e., African/Black, Asian, and Latinx) will exhibit higher parentification scores than European/White participants.

This hypothesis was examined using an independent samples t-test. We did not have enough participants in the African/Black (13) and Asian (5) groups to conduct an ANOVA. Therefore, we created a dummy coded variable with African/Black, Asian, and Latinx coded as 1 and European/White participants coded as 0. This variable included only 32 of European/White participants, which is not ideal for running statistical tests but nonetheless represents enough power to at least test the direction of effects and draw some preliminary conclusions from the data (Johanson & Brooks, 2010).

Homogeneity of variance was examined using Levene's test to determine if group variances were significantly different. It was found that homogeneity of variance was not violated, $F(136, 42.60) = 5.72, p = .018$. Ethnic minority group members exhibited higher parentification scores ($M = 65.10, SD = 5.94$) than European/White participants ($M = 63.71, SD = 7.74$). This difference, 1.39, BCa 95% CI [-1.16, 3.93], was significant $t(136) = 1.07, p = .018$ (one tailed); and represented a small effect size, $d = 0.20$ (Cohen, 1988).

Hypothesis II

African/Black and Latinx participants will report similar levels of parentification.

Although we only had 13 African/Black participants, which was not enough power to test this prediction, we used an independent samples t-test to examine the general trend in parentification scores for these two groups. We created a dummy coded variable with African/Black coded 0 and Latinx coded as 1. Levene's test indicated that homogeneity was not violated for these two groups, $F(99, 14.30) = 1.04, p = .309$. African/Black ($M = 65.09, SD = 5.80$) and Latinx participants ($M = 64, SD = 7.33$) reported similar levels of parentification. Their difference in scores, 1.09, BCa 95% CI [-2.45, 4.63], was not significant $t(99) = 0.61, p = .309$.

Hypothesis III

Ethnic minority group members (i.e., African/Black, Asian, and Latinx) will exhibit lower loneliness scores than European/White participants.

As with hypothesis 1, an ANOVA could not be used due to the small number of participants in two of our ethnic groups. Therefore, an independent samples t-test was used to examine this hypothesis. We used the dummy coded variable mentioned in hypothesis 1 for the ethnic minority group in this analysis. Levene's test indicated that homogeneity of variance was not violated, $F(132, 50.85) = .278, p = .599$. Ethnic minorities ($M = 44.63, SD = 11.42$) and European/White ($M = 42.34, SD = 11.71$) participants reported similar levels of

loneliness. The difference in loneliness scores, 2.29, BCa 95% CI [-2.31, 6.89], was not significant $t(132) = 0.98, p = .599$.

Hypothesis IV

The association between parentification and loneliness will be moderated by ethnicity.

Given that we did not have enough participants in each ethnic group to examine correlations for each ethnic group, we examined the association between parentification and loneliness for ethnic minorities as a whole compared to European/White American participants. We used the dummy coded variable mentioned in hypothesis 1 (ethnic minorities = 1; European/White = 0) to organize our output for the correlations. It was found that for ethnic minority participants, the association between parentification and loneliness was significant, $r = .26, 95\% \text{ BCa CI } [0.07, .43], p = .010$, which represented a medium sized effect (Cohen, 1988). Parentification and loneliness also demonstrated a statistically significant association for European/White participants, $r = .60, 95\% \text{ BCa CI } [.35, .76], p < .000$, which represented a large effect size.

We further tested this hypothesis using the PROCESS macro extension in SPSS 24 (Hayes, 2019). PROCESS is a statistical tool on SPSS used to examine whether ethnicity is a moderator between parentification and loneliness. Again, we used the dummy coded variable mentioned in hypothesis 1 which included 33 European/White American respondents and 111 ethnic minority

participants. In PROCESS, Model 1 was used to examine ethnicity as moderator for the association between the predictor of parentification and the dependent variable of loneliness. The analysis indicated that counter to our prediction, ethnicity did not moderate the association between parentification and loneliness, $b = -.23$, 95% CI [-0.58, 0.10], $t = -.1.35$, $p = .17$. Please refer to Table 2 (pg. 31) and Figure 1 (pg. 32) for a summary of these results.

Table 1. Means and Standard Deviations for Study Variables Based on Ethnic Group

	<u>African/Black</u>		<u>Asian</u>		<u>European/White</u>		<u>Latinx</u>	
	<u>(n = 13)</u>		<u>(n = 5)</u>		<u>(n = 33)</u>		<u>(n = 93)</u>	
	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>
Parentification	62.93	6.49	48.60	12.73	63.71	7.74	65.09	5.80
Loneliness	45.14	12.45	68.20	4.14	42.34	11.71	44.30	11.42

Table 2. Linear Model for Loneliness Predictors.

	<i>b</i>	<i>95% CI</i>	<i>SE B</i>	<i>t</i>	<i>p</i>
Constant	-0.12	[-.04, .21]	.016	-0.72	.472
Parentification	-0.51	[0.23, 0.79]	0.14	3.61	< .001
Ethnic Minority	0.16	[-.21, 0.55]	0.19	0.86	.391
Parentification X Ethnic Minority	-0.23	[-0.58, 0.10]	0.17	-1.35	.177

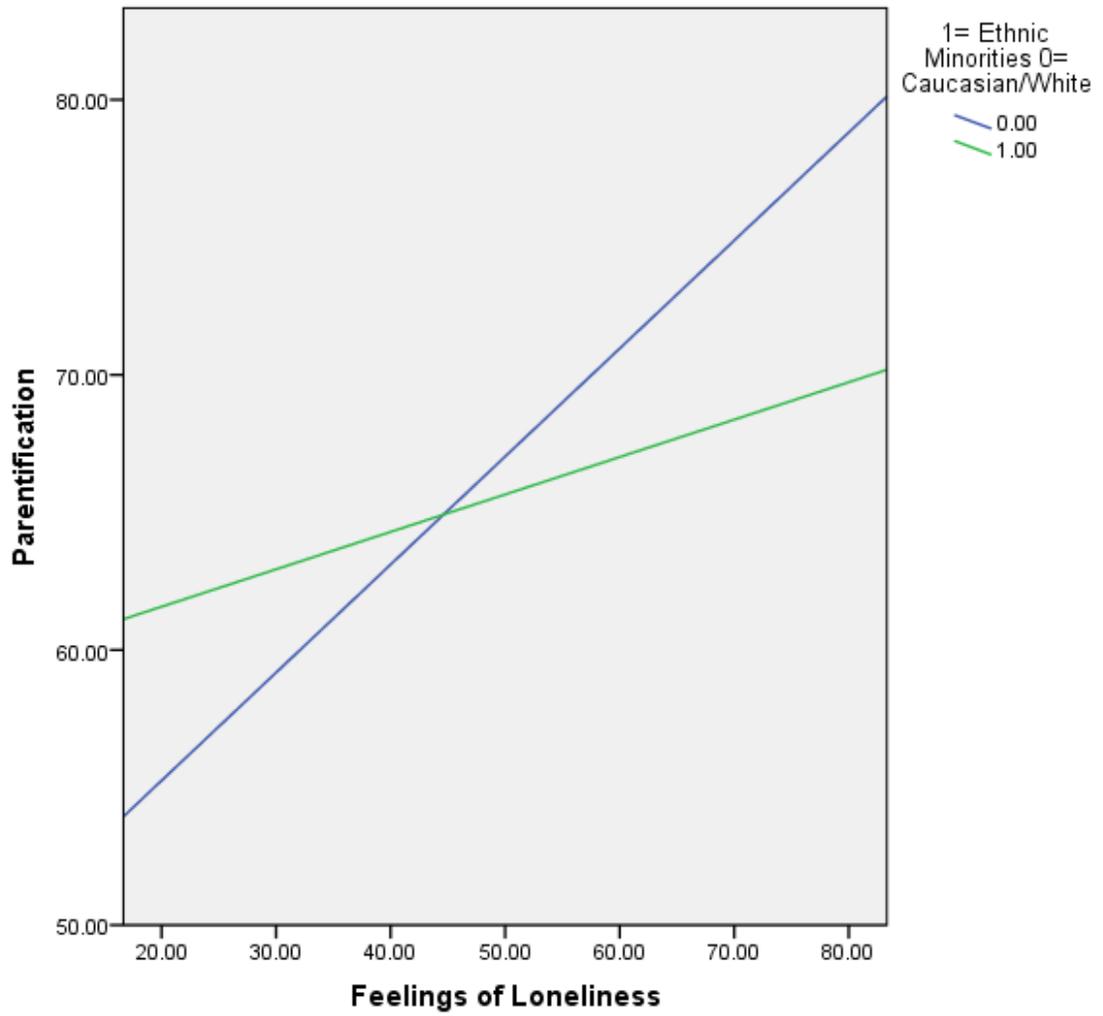


Figure 1. Moderation Graph

Graph demonstrating the role of ethnicity in the association between parentification and loneliness.

CHAPTER FOUR

DISCUSSION

Discussion

The adverse impact of childhood parentification on intra- and interpersonal functioning is well established (Chase, 1999; Hooper, 2007b). However, researchers have not thoroughly examined the association between parentification and loneliness, particularly across ethnic groups. The current study helped fill this gap by including loneliness in the assessment and different ethnic groups in the sample. The findings revealed that parentification and loneliness demonstrated unique associations within each ethnic group. However, ethnicity did not moderate the association between parentification and loneliness. Each hypothesis is discussed below.

We predicted that ethnic minority participants, including those with African/Black, Asian, and Latinx backgrounds would report greater parentification than European/White participants. This hypothesis was supported, except among Asian Americans. Ethnic minorities commonly adhere to collectivist family practices, which stress interdependence, communality, and unity (Jackson, Raval, Bendikas-King, Raval, & Trivedi, 2016). This cohesion can promote a merger of familial roles among its members wherein parentification occurs. Kerig (2005) cautions that psychological constructs such as parentification or enmeshment have been primarily examined using Western theoretical perspectives. As such, there is a risk of pathologizing collectivistic family

practices that would otherwise be considered normal functioning. Constructs such as parentification are more noticeable in family contexts that promote autonomy compared with those that are more interconnected (Jackson et al., 2016).

It is worth noting that with respect to Hypothesis one, although Asian Americans tend to espouse collectivistic values, in this study, their parentification scores were lower than other groups. We unfortunately only had five participants from this ethnic/racial background in our sample, which does not provide enough for drawing conclusions. However, we offer some discussion regarding potential reasons for this finding. Possibly, the hierarchical nature of Asian cultures restricts information sharing between parents and children (Segal, 1991). Another possibility may relate to income level. Asian Americans have on average, a much higher income than other ethnic groups, including European Americans (Saad, Sue, Zane, & Cho, 2012). They might therefore experience fewer stressors related to common issues that lead to parentification such as finances.

Higher income also makes physical space in the home more likely, which facilitates boundary maintenance and helps keep issues private. More research will be needed to examine whether the finding among our Asian American participants holds across a greater number of Asian individuals. To the best of our knowledge, only one study has examined parentification with Asian participants (Cho & Lee, 2019). The study examined parentification, family

circumstances, adulthood depression, and perceptions of unfairness among Korean participants. The researchers found that individuals who had experienced parentification at a younger age and for a prolonged period of time were at risk for adulthood depression (Cho & Lee, 2019).

Another aspect to consider regarding ethnicity is the child's perception of parental caregiving within the context of the particular ethnic group. In families that promote autonomy, which is more common among European/White groups, an individual might perceive intrusiveness from their caregivers as hindering their personal development. In such cases, heavy parental involvement may be construed as pathological (Jackson et al. 2016).

How a child reacts to their caregivers' parenting practices can vary across cultures. For example, Western cultures encourage adolescents to separate from the family unit and become autonomous because it allows them to become responsible and develop their own identity. In contrast, within Latinx and African/Black cultures, this separation is more gradual while still encouraging familial interdependence. It would be worth identifying the threshold whereby levels of parental involvement are perceived as acceptable versus pathological across ethnic groups (Jackson et al., 2016). This topic would lend itself well to future research.

In addition, certain adverse experiences disproportionately affect ethnic minorities including poverty, discrimination, immigration regency, and poor physical and mental health. In order to function optimally under stressful

conditions, some ethnic minority families blur their family roles (Kerig, 2005; Marger, 2015). Children often include themselves or are called upon when their parent is experiencing hardship. They provide instrumental caregiving tasks that alleviate stressors that are created by the home, family, or work circumstances. Being the family mediator in order to protect parents and siblings is an example of an emotional caretaking task. Chronically stressful conditions can therefore lead to the manifestation of parentification behaviors within ethnic families. It is worth noting that these chronic stressors are more prevalent among African American and Latinx families than they are among Asian Americans because the former have much lower median incomes than the latter (Marger, 2015; Saad et al., 2012), which again could help explain our findings regarding Asian Americans.

Acculturation influences parentification for immigrant families. Rapid immersion into U.S. culture can cause tensions, particularly when the native culture is collectivistic and contrasts with U.S. individualism (Cho & Lee, 2019). We did not assess immigration status in the current study, but we recognize that immigrant children may be serving as cultural and language brokers for their parents, which would blur their role and responsibilities within the family (Hooper et al., 2015; Kerig, 2005). A gradual next step in this line of work will be to examine parentification among immigrant families, including outcomes for children that may be both positive (e.g., increased sense of competence) and negative (e.g., increased stress).

The few studies that are available suggest that ethnic minorities who experience parentification experience positive outcomes. Kuperminc and colleagues (2009) found that caregiving responsibilities serve to augment competence and maturity for youth in Latinx immigrant families. Shin and Hecht (2013) similarly found an increase in reported positive child outcomes associated with caregiving tasks among Latinx youth. Zwane and colleagues (2012) found that African/Black adults were unable to differentiate between responsibilities and familial roles. Their participants indicated that when roles have a clear purpose and definition, there is no violation of boundaries among the family members (Zwane, Venter, Temane, & Chigeza, 2012). These positive outcomes have only been reported among ethnic minorities thus far. Future research might examine factors that buffer against the negative outcomes associated with parentification among ethnic minorities.

With respect to hypothesis two, we found that African/Black and Latinx participants reported similar levels of parentification, which was also consistent with our prediction. However, there was a vast difference in the size of each group with only 13 African/Black participants and 93 Latinx participants. Given the small portion of African/Black participants in our sample, we could not draw firm conclusions from our data. Again, we must mention that we cautiously describe the general trends observed within our dataset.

Possibly, African/Black and Latinx individuals have some degree of overlap with respect to their parenting experiences, family functioning, and the

manifestation of parentification. Western cultures such as that of the United States promote individuality, interpersonal boundaries, and autonomy. On the contrary, interdependent cultures including African/Black and Latinx families are more likely to encourage strong familial obligations. It would be worthwhile for future research to identify possible shared experiences between African/Black and Latinx individuals that may lead to similar levels of parentification.

Cultural differences and expectations regarding parent-child relationships can influence an adult-child's understanding of parental behaviors and practices (Jackson et al., 2016). For example, if familial unity is encouraged then a developing individual might not consider boundaries between themselves and members of their family. In turn, the adult-child may take on emotional and psychological responsibilities for parents and potentially experience role confusion (Jackson et al., 2016; Macfie et al., 2014). Macfie and colleagues (2014) describe *role confusion* as an umbrella term that encompasses boundary disturbances between parents and children and includes parentification. The performance of instrumental and emotional caregiving duties by a child is the hallmark of parentification. Children sacrifice their own needs to meet those of the parent(s).

Our next hypothesis, that ethnic minority group members (African/Black, Asian, and Latinx) would exhibit lower levels of loneliness compared to European/White participants was not supported. Although the number of participants in each group aside from Latinx was low, to the best of our

knowledge, ours is the first study that examined parentification and loneliness across ethnic groups.

Loneliness has not been thoroughly examined in the context of parentification. There are, however, brief anecdotes and references to loneliness as an outcome of prolonged early exposure to caregiving tasks (Haxhe, 2016; Large, 1989). Parentified individuals exclusively attend to the needs of others, leaving no room for their own emotional expression. Loneliness emerges from years of neglecting one's own emotional and psychological needs (Haxhe, 2016; Large, 1989). The existing literature on loneliness demonstrates its detrimental effect on individuals regardless of sex, age, and ethnic background. It has also been proposed that for ethnic minorities, physical and psychological health, area of residence, and perceived discrimination could be additional risk factors for loneliness.

Our results demonstrated similarities with respect to similar levels of loneliness across ethnic groups, except for Asian Americans who scored much higher than other groups. Published research generally indicates that ethnic minorities report lower scores on loneliness than European/White individuals (Hooper, 2015; Kerig, 2005). Given that the participants in our study were all college students, their shared status may have overridden potential ethnic differences. College students typically report higher loneliness overall compared to non-students (Bauer & Rokach, 2004). Although we had a limited number of

Asian participants, their loneliness scores were much higher on average, which we recommend be explored in future research.

Contrary to our prediction, ethnicity did not moderate the association between parentification and loneliness. Although European/White participants reported lower levels of parentification than ethnic minorities (African/Black and Latinx), ethnicity did not impact the association between parentification and loneliness. When examined on their own, levels of parentification reflected what has been shown in prior literature with European/White individuals experiencing lower levels. However, the groups did not differ in their degree of reported loneliness. Given the low number of participants in the African/Black and European/White groups, we are only able to comment on the general trend for these groups, rather than draw firm conclusions. Additional research, with a larger number of participants in each group will help elucidate whether ethnicity impacts this association.

Clinical Implications

Although it is not possible to recommend clinical interventions based on the current study, clinicians, social workers, and school counselors may nevertheless gain some useful information from our findings. First, ethnic minorities continue to have greater experiences with parentification than European/White Americans in their home. Equally important is that feelings of loneliness are prevalent among all ethnic groups. Ultimately, parentified individuals are feeling lonely. Future

studies can further outline clinical interventions for individuals experiencing parentification and loneliness.

Future Directions

To our knowledge, this was the first study to quantitatively examine parentification and loneliness across ethnic groups. One study is not enough to draw firm conclusions, particularly because we had low numbers of African and Asian Americans relative to Latinx participants. Therefore, we suggest continued work on this topic, particularly to examine why Asian Americans exhibit significantly lower parentification and higher loneliness scores than all other ethnic groups. Will this finding be replicated with a larger sample, and if so, what is causing those ethnic differences? Another suggestion is to address this topic qualitatively. With focus groups, researchers can ask participants open-ended and guided questions that can lead to in-depth discussions about participants' parentification experiences and the manifestation of loneliness.

Limitations

As with any research, this study has limitations that should be identified. First, we experienced limitations regarding the size and diversity of our sample. For the most part, previous research on parentification has been conducted with European/White individuals, so in this way, the large number of Latinx participants is a strength of our work. Despite our efforts to gather equal participants for each ethnic group, we did not meet this goal. Future researchers

should make efforts to recruit a diverse and representative sample in order to draw firm conclusions from their findings. Using our results, we can only comment on the overall trends observed regarding parentification, loneliness and the role of ethnicity.

Second, this study employed questionnaires that required participants to retrospectively report their childhood experiences, perceptions of parentification, and feelings of loneliness. At times, self-report questionnaires demonstrate problems with social desirability and retrospective reporting bias (Van Parys, Bonnewyn, Hooghe, de Mol, & Rober, 2015). Future research could benefit from using a multimethod or a multi-informant approach to provide for a comprehensive account of parentification and loneliness experiences. Restrictions could also be set regarding the participant age range so that individuals do not vary in their number of years since childhood. This type of restriction would help control retrospective reporting bias.

Third, with the cross-sectional nature of this study, we cannot infer causation. Despite not being able to infer a causal relationship, cross-sectional studies can provide important information about relationships (Salkind, 2004). Future studies on parentification might employ a longitudinal approach to examine more in depth the manifestation of boundary disturbances such as parentification among parent and children.

Finally, despite our efforts to achieve a gender-balanced sample, we had more women than men participate. The findings are therefore more

representative of women's experiences. Future research could benefit from including more men to examine whether the variables of interest differ by gender. Patriarchal cultures such as Latinx tend to assign different roles to girls and boys in the family (Kimmel, 2017). Perhaps parentification occurs differently, depending on the sex of the child. The outcome of loneliness could also vary by gender, as girls tend to internalize more than boys do. Therefore, the influence of gender would be worth exploring in the future.

Concluding Statements

In Western cultures, there is usually one primary caregiver which is often the child's mother. This one caregiver is responsible for innumerable tasks including the child's survival and fulfillment of developmental and psychological milestones. At times, the stressors associated with parenting and caring for the family cause the parent and child roles to become reversed. In such cases, a child must provide for the parent's needs, which is an unfair role for a developing child. A significant amount of attention and therapeutic assistance may be needed to recognize and treat a parentified child.

Although parentification generally leads to negative outcomes, it may occasionally result in positive outcomes as well, particularly across ethnic groups. In this study, we demonstrated that parentification was associated with loneliness across ethnic groups. We also demonstrated that African and Latin Americans had higher levels of parentification than Asian and European American participants. Similar levels of loneliness were reported across ethnic

groups. We conclude that the association between parentification and loneliness requires further empirical research. It is our hope that our study findings will inspire additional research in this important area.

APPENDIX A
INSTITUTIONAL REVIEW BOARD APPROVAL

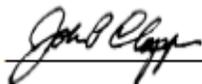
**Human Subjects Review Board
Department of Psychology
California State University,
San Bernardino**

PI: Preciado, Bertha; Campell, Kelly
From: John Clapper, Jason Reimer
Project Title: Developmental implications of parentification on the adult-child: An examination of ethnic variation
Project ID: H-16SP-24
Date: 6/24/16

Disposition: Expedited Review

Your IRB proposal is approved to include 200 participants. If you need additional participants, an addendum will be required. The expedited review category is 45 CFR 46.110 category 7, Research on individual and group characteristics or behavior. This approval is valid until 6/24/2017.

Good luck with your research!



John P. Clapper, Co-Chair
Psychology IRB Sub-Committee



Jason Reimer, Co-Chair
Psychology IRB Sub-Committee

APPENDIX B
INFORMED CONSENT

Informed Consent

The following study is designed to investigate your experiences growing up and your current well-being. This study is being conducted by Master's student Bertha A. Preciado, under the direct guidance and supervision of Dr. Kelly Campbell, Associate Professor of Psychology at California State University, San Bernardino. This study has been approved by the Department of Psychology Institutional Review Board subcommittee of CSU, San Bernardino. A copy of the official Psychology IRB Committee stamp of approval should appear somewhere on this consent form.

This study will take approximately 30 minutes to complete. Your participation in this study is entirely voluntary and you are free to withdraw at any time without penalty.

Your individual responses will remain anonymous. If you are a psychology student at CSUSB and wish to receive SONA credit, you will be prompted to provide your SONA ID at the end of the survey. You will need to provide this information to receive 1 point of extra credit to be applied to a course of your choosing, at your instructor's discretion. Any identifying information such as your SONA ID will be stored separately from your survey responses.

This study involves no risks beyond those routinely encountered in daily life, nor any direct benefits to you as a participant other than extra credit for one of your psychology courses. However, the study findings may expand the current understanding of parentification. If for any reason the content of the study prompts discomfort, please contact the CSUSB Psychological Counseling Center at (909) 537-5040 to schedule an appointment.

If you have any questions regarding the nature of this study, please contact Bertha A. Preciado at preciadb@coyote.csusb or Dr. Kelly Campbell at kelly@csusb.edu.

Results from this study may be presented at scientific conferences and/or published in a scientific journal. Only group results are of interest. Study findings will be available December 2016. If you are interested in obtaining a copy of the findings, please contact Bertha A. Preciado at preciadb@coyote.csusb or Dr. Kelly Campbell at kelly@csusb.edu to receive a copy.

I acknowledge that I have been informed of, and understand the nature and purpose of this study, and I freely consent to participate. I acknowledge that I am at least 18 years of age.

ONLINE AGREEMENT: BY SELECTING THE 'I AGREE' OPTION ON THE WEBPAGE INDICATES CONSENT TO PARTICIPATE IN THE STUDY.

California State University Psychology Institutional Review Board Sub-Committee			
Approved	6/24/16	Void After	6/24/17
IBB #	H-16SP-24	Chair	

This research study has been approved by the Department of Psychology Institutional Review Board sub-committee of the CSU, San Bernardino. A copy of the official Psychology IRB stamp of approval should appear on this consent form. The University requires that you provide your consent before participating in this study.

APPENDIX C
PARENTIFICATION QUESTIONNAIRE

PARENTIFICATION QUESTIONNAIRE

Instructions: The following statements are possible descriptions of experiences you may have had while growing up. If a statement accurately describes some portion of your childhood experience, that is, the time during which you lived at home with your family (including your teenage years), circle the statement true on your answers sheet. If the statement does not accurately describe your experience, circle it false.

1. I rarely found it necessary to do other family member's chores.
2. At times, I felt I was the only one my mother/ father could turn to.
3. Members of my family hardly ever looked to me for advice.
4. In my family I often, felt called upon to do more than my share.
5. I often felt like an outsider in my family.
6. I felt most valuable in my family when someone confided in me.
7. It seemed as though there were enough problems at home without me causing more.
8. In my family, I thought it best to let people work out their own problems on their own.
9. I often silently resented being asked to do certain kinds of jobs.
10. In my family, it seemed that I was usually the one who ended up being responsible for most of what happened.
11. In my mind, the welfare of my family was my first priority.

12. If someone in my family had a problem, I was rarely the one they could turn to for help.
13. I was frequently responsible for the physical care of some member of my family, i.e., washing, feeding, dressing, etc.
14. My family was not the kind in which people took sides.
15. It often seemed that my feelings weren't taken into account into my family.
16. I often found myself feeling down for no particular reasons that I could think of.
17. In my family, there were certain family members I could handle better than anyone else.
18. I often preferred the company of people older than me.
19. I hardly ever felt let down my members of my family.
20. I hardly ever got involved in conflicts between my parents.
21. I usually felt comfortable telling my family members how I felt.
22. I rarely worried about people in my family.
23. As a child, I was often described as mature for my age.
24. In my family, I often felt like a referee.
25. In my family, I initiated most recreational activities.
26. It seemed as though family members were always bringing me their problems.
27. My parents had enough to do without me worrying about housework as well.

28. In my family, I often made sacrifices that went unnoticed by other family members.
29. My parents were very helpful when I had a problem.
30. If a member of my family was upset, I would almost always become involved in some way.
31. I could usually manage to avoid doing housework.
32. I believe that most people understood me pretty well, particularly members of my family.
33. As a child, I wanted to make everyone in my family happy.
34. My parents rarely disagreed on anything important.
35. I often felt more like an adult than a child in my family.
36. I was more likely to spend times with friends than with family members.
37. Members of my family rarely needed me to take care of them.
38. I was very uncomfortable when things weren't going well at home.
39. All things considered, responsibilities were shared equally in my family.
40. In my house, I hardly ever did the cooking.
41. I was very active in the management of my family's financial affairs.
42. I was at my best in times of crisis.

Jurkovic, G. J. (1997). *The plight of the parentified child*. New York, NY: Brunner/Mazel, Inc.

APPENDIX D
UCLA LONELINESS SCALE

UCLA LONELINESS SCALE

Instructions: The following statements describe how people sometimes feel. For each statement, please indicate how often you feel the way described by write a number in the space provided.

1. How often do you feel that you are “in tune” with the people around you?
2. How often do you feel that you lack companionship?
3. How often do you feel that there is no one you can turn to?
4. How often do you feel alone?
5. How often do you feel part of a group of friends?
6. How often do you feel you have a lot in common with the people around you?
7. How often do you feel that you are no longer close to anyone?
8. How often do you feel that your interests and ideas are not shared by those around you?
9. How often do you feel outgoing and friendly?
10. How often do you feel close to people?
11. How often do you feel left out?
12. How often do you feel that your relationships with others are not meaningful?
13. How often do you feel that no one really knows you well?
14. How often do you feel isolated from others?

15. How often do you feel you can find companionship when you want it?
16. How often do you feel that there are people who really understand you?
17. How often do you feel shy?
18. How often do you feel that people are around you but not with you?
19. How often do you feel that there are people you can talk to?
20. How often do you feel that there are people you can turn to?

Russell, D. W. (1996). UCLA loneliness scale (Version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*, 66(1), 20-40.

APPENDIX E
DEMOGRAPHIC INFORMATION

DEMOGRAPHIC INFORMATION

1. What is your gender?
 - a. Male
 - b. Female
2. What is your sexual orientation?
 - a. Asexual
 - b. Bisexual
 - c. Heterosexual
 - d. Homosexual
 - e. Other
3. What is your age?
 - a. __years
4. Race/ ethnicity
 - a. African/Black
 - b. Asian
 - c. Caucasian/European/White
 - d. Latinx
 - e. Middle Eastern
 - f. American Indian/ Native American/ Alaska Native
 - g. Native Hawaiian and other Pacific Islander
 - h. Other race
 - Please specify: _____

i. Biracial

• Please specify: _____

5. Primary language (check all that apply)

a. English

b. Spanish

c. Chinese

d. Tagalog

e. French

f. Vietnamese

g. German

h. Korean

i. Other

• Please specify: _____

6. Marital status

a. Single

b. Married

c. Separated

d. Divorced

e. Widowed

7. Educational level

a. High School graduate

b. Some College

- c. Associate degree
 - d. Bachelor's degree
 - e. Master's degree
 - f. Doctoral or Professional degree
8. The highest level of education you mother completed
- a. Did not complete high school
 - b. High School graduate
 - c. Some college or trade school
 - d. Graduated with a bachelor's degree
 - e. Some graduate school
 - f. Graduate or professional degree
9. The highest level of education you father completed
- a. Did not complete high school
 - b. High School graduate
 - c. Some college or trade school
 - d. Graduated with a bachelor's degree
 - e. Some graduate school
 - f. Graduate or professional degree
10. Who was your primary caregiver when growing up?
- a. Mother
 - b. Father
 - c. Both

d. Other

• Please Specify: _____

11. Have you ever sought counseling?

a. Yes

b. No

Demographic questions were selected by Bertha A. Preciado, Dr. Campbell, Dr. Kamptner, and Dr. Badiee.

APPENDIX F
DEBRIEFING STATEMENT

Debriefing Statement

This study you have just completed was designed to investigate your childhood experiences with parental caretaking and your perceptions on loneliness. The goal of this study was to examine parent and child role reversal and its impact on the adult-child experiences with loneliness.

Be assured that you and your responses will remain completely anonymous and confidential. Additionally, research findings will be analyzed and presented in group format.

If you experienced feelings of discomfort due to the content in this study please do not hesitate to contact CSUSB Psychological Counseling Center at (909) 537-5040.

If you have any further questions about this study please contact Bertha A. Preciado at preciadb@coyote.csusb.edu or Dr. K. Campbell at kelly@csusb.edu.

The findings for this research study will be available to you June 2016, if you wish to receive a copy of the results please contact Bertha A. Preciado at preciadb@coyote.csusb.edu or Dr. K. Campbell at kelly@csusb.edu.

Thank you for your participation!!
Bertha A. Preciado

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