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MATERNAL PARENTIFICATION OF SIBLINGS IN FAMILIES WITH OR
WITHOUT A CHILD WITH A DEVELOPMENTAL DISABILITY

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
Psychology:
Child Development

by
Christine Paras Benitez

June 2004

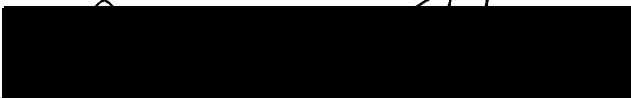
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Approved by:



Dr. Charles Hoffman, Chair, Psychology



Dr. Dwight Sweeney, Education



Dr. Edward Teyber, Psychology

6/7/04
Date

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TABLE OF CONTENTS

ABSTRACT iii

ACKNOWLEDGMENTS v

LIST OF TABLES viii

LIST OF FIGURES ix

CHAPTER ONE: INTRODUCTION 1

CHAPTER TWO: METHODS

 Participants 19

 Procedures 20

 Materials 22

 Statistical Analysis 23

CHAPTER THREE: RESULTS 25

CHAPTER FOUR: DISCUSSION 32

 Emotional 34

 Instrumental 35

 Single Mothers 36

 Mothers of Children With a Developmental
 Disability 39

 Limitations. 40

 Future Directions 41

 Conclusion 44

APPENDIX A: INFORMED CONSENT 45

APPENDIX B: DEMOGRAPHIC SURVEY 47

| | |
|---|----|
| APPENDIX C: PARENTIFICATION SCALE | 50 |
| APPENDIX D: DEBRIEFING STATEMENT | 55 |
| REFERENCES | 57 |

LIST OF TABLES

| | | |
|----------|---|----|
| TABLE 1. | Parentification Scale: Mean Scale Scores Separated by Group, Marital Status, and Sibling Gender | 29 |
| TABLE 2. | Univariate Follow-up Analyses for Emotional, Childcare and Household Subscales. | 30 |

LIST OF FIGURES

FIGURE 1. Group X Marital Status Interaction on
Emotional Subscale 31

CHAPTER ONE

INTRODUCTION

In the United States alone there are over 4 million children who are developmentally disabled (Lamorey, 1999) and the majority of these children are living at home with their families. The family systems model (Turnbull, Summers, & Brotherson, 1984), ecological model (Bronfrenbrenner, 1979) and transactional model (Sameroff & Chandler, 1975) all support the notion that when one member of a family has a disability, all members of the family individually adjust to the by accommodating their roles in meeting the needs created by the disability (Chase, 1999). The lives of family members of a child with a developmental disability are typically influenced by acute as well as chronic stressful events as compared to families of typically developing children. In order for a family with a child with a developmental disability to function as effectively as possible, it may be necessary to renegotiate and reassign traditional family roles of parent, spouse, brother and sister (Lamorey, 1999).

Family theorists describe healthy family patterns as hierarchically organized: parents guide and nurture their

children's development and children, in turn, seek comfort and advice from their parents. When this hierarchy breaks down, due to circumstances in the family environment (i.e., chronic stressful events due to having a child with a developmental disability in the home), children may be assigned, or tacitly assume a parental role in response to a mother or father who turns to them for support (Jacobvitz, Riggs, & Johnson, 1999). This may be in part to many factors -- parents may be overwhelmed by the needs of a child with a developmental disability, parents may rely on their other non-disabled children to take on more responsibilities in the home (Chase, 1999). When parents consciously or unconsciously demand their child to assume roles and responsibilities outside their normal boundaries and start taking on adult roles and responsibilities, problems obviously may arise.

A fairly recent area of research receiving growing concern among experts is that of parentification. Parentification is a complex dynamic whereby a child assumes adult responsibilities before they are developmentally ready to manage these roles successfully and take care of the adult needs of their parents (Bekir, McLellan, Childress & Gariti, 1993). Parentification has

the potential to impact heavily and negatively on the emotional and social development of children. When adults defer or delegate parental responsibilities, children are forced to abdicate their childhood status. This often results in a range of unmet developmental needs, pleasures, struggles and opportunities childhood rightly entails for healthy emotional development (Chase, 1999). In essence, children stop being children and are forced to become adults without regard to the long-term consequences they may endure.

The term 'parental child' was first used by Minuchin and colleagues (Minuchin, Montalvo, Guerney, Rosman & Schumer, 1967) to describe children who take on parental responsibilities in the home due to exigent economic and social conditions. Later, Broszormenyi-Nagy and Spark (1973) defined parentification as a process wherein a mother or father expects their child to fulfill a parental role within the family system through specific caretaking roles as well as gratification of parent's emotional needs. Illustrating the concept of parentification is the term "role reversal" whereby a child is overtly or tacitly acting as a parent to their parent, or a child acting as a 'mate' to their parent (Earley & Cushway, 2002). Role

reversals can be considered an example of cross-generational boundary transgression; wherein 'boundaries' represent the rules and expectations that manage and organize family relationships (Earley & Cushway, 2002). Family theorists uphold that clearly defined boundaries are needed to support and maintain the healthy psychosocial/emotional functioning of the family as a system as well as its individual members. Inappropriate alliances, that parentification generates, are believed to breakdown the family system and compromise the child's emotional growth and development.

The most obvious generative reason that children so easily assume the responsibilities of their parents is that all children seek approval from their parents. Typically developing children often seek this approval by earning good grades in school or participating in extracurricular activities. Clearly, the greatest rewards are their parents' witness to their hard work. However, this may not be the case for children in families coping with chronic stressful events. Parentified children easily pick up subtle signs that tell them that taking on roles, such as caring for their sibling with a developmental disability, will gain them the most approval and recognition from their

parents (Siegel & Silverstein, 1994). Responsiveness to subtle parental or sibling needs are not necessarily problematic. It becomes problematic, however, when (1) the child is overburdened by the responsibilities given to them; (2) the child is assigned responsibilities that are beyond his or her developmental competencies; (3) in relation to the child, the parent assumes compensatory, child-like roles; (4) the child's best interests are unnecessarily and excessively neglected in the role assignment and; (5) the child is not explicitly legitimized in his or her parental roles (Valleau, Bergner & Horton, 1995). Furthermore, parentification may be harmful to a child's emotional well being when there is a lack of reciprocity and acknowledgement between adults and children in terms of nurturance exchanged, or when expectations (emotional or instrumental) exceed the child's abilities and ignore the child's developmentally appropriate needs (Chase, 1999). For non-disabled siblings in some families, the risk of parentification may result in "lost childhoods" as Jurkovic (1997) describes the parentified child. This idea of a lost childhood illustrates the experiences of some siblings when the typical experience of childhood is sacrificed in assuming adult responsibilities in efforts to

assist the parent in meeting the needs of the child with a disability. Under these unfortunate circumstances, some siblings may be forced to give up their need to be parented, and instead learn to be "mother's little helper", or "the little man of the family" in compliance to overt but often subtle parental cues (Lamorey, 1999).

Both clinical and research literature reveal that the practice of parentifying children and adolescents has a number of destructive consequences (Valleau, Bergner & Horton, 1995). Growing up taking care of one or more family members may have negative consequences on the overall well-being of a child because it interrupts each of the developmental stages the child experiences (Seigel & Silverstein, 1994). Among parentified adolescents who are emotionally and physically overburdened, it leaves no time for the adolescent to participate in age-appropriate activities such as dating, pursuing friendships, or simply going out to watch a movie (Valleau et al., 1995). These children are literally pushed into adulthood and the normal phase of experimentation with different identities is cut short by the need to take on specific adult roles (Siegel & Silverstein, 1994).

Chase (1999) states that there may be a greater prevalence of certain social conditions, such as one-parent families, resulting in greater demands on children to raise themselves. Among single-parent/divorced families, Dawson (1980), like Weiss (1979), found that children in single-parent families assumed more parental responsibility than children in two-parent families. Subsequently, increased responsibility assumed by children in one-parent families may result in the over involvement with their parent and preventing their involvement with peers. To further examine the relation between parental divorce and parentification, Jurkovic, Thirkield, and Morrell (2001) compared adolescents and young adults from divorced and non-divorced families and found that adolescents in the divorced families provided twice as much emotional and instrumental roles to other siblings and parents. Participants in this study were adults who were children of divorce and nondivorce. They were asked to answer a new measure, the Filial Responsibility Scale (Adult), which assesses perceived domains of Instrumental Caregiving, Emotional Caregiving, Emotional Caregiving and Unfairness from a retrospective and current perspective (Jurkovic et al., 2001). It is evident in this and similar studies that

children of single-parent/divorced families are at risk for being parentified due to the overwhelming stress that they experience. Studies need to further identify under which other circumstances children are at risk to being parentified.

The level and types of roles a child takes on can be developmentally inappropriate and may jeopardize their health and overall well-being. In a study examining parentification and its impact on adolescent children of parents with AIDS, Stein, Riedel, and Rotheram-Borus (1999) found that taking on adult parental roles predicted internalized emotional distress and externalized problem behaviors such as sexual behavior and alcohol and marijuana use. This study clearly demonstrates some of the negative effects of the inappropriate assignment of adult roles. Jurkovic et al. (1991) and Minuchin (1974) found that emotional types of parentification are considered to be a greater threat to a child's well being than parentification through assignment of instrumental roles. However, the study by Stein, Riedel, and Rotheram-Borus (1999) did not support this view, and it remains to be established as to how these factors influence the process of parentification.

The parentified child can take on either or both instrumental and emotional roles. The instrumental dimension of parentification refers to the maintenance and sustenance of the family (Jurkovic, Morrell, &Thirkield, 1999). Logistical and instrumental roles include typical parenting tasks such as preparing meals, caring for younger siblings, performing household chores, or earning money (Chase, 1999). Whereas, the emotional dimension involves catering to the socio-emotional needs of the family members and the family unit (Jurkovic, Morrell, &Thirkield, 1999), which include tasks such as serving as parental confidante, peacemaker, mediator, mate-like figure, companion or providing nurturance, support and encouragement (Jurkovic, Jessee & Goglia, 1991). Evidently taking on household chores, looking after siblings and learning to consider other's feelings are common and healthy steps toward growing up. Furthermore, responsiveness to parental need may help the child to develop sensitivities and reciprocity with others. However, when parents, due to elevated and chronic stress, cannot function in their assigned roles, children will often fill the vacuum involuntarily or often initially willing (Bekir, McLellan, Childress & Gariti, 1993). If these children function as adults and become

their parent's main source of emotional support by listening to them talk about personal matters such as sexual problems, this may be gravely exploitive of them (Jurkovic et al., 2001). These children are overstepping their childhood boundaries by taking on adult roles.

A number of studies have examined the effects of assignment of instrumental roles only to siblings of children in both families where a child with a chronic illness or disability is present. McHale and Gamble (1989) found that siblings of children with disabilities, and in particular sisters, performed more caregiving tasks as compared to siblings of children without a disability. A study, examining siblings of children with diabetes, (Hollidge, 2001) found that well siblings exhibited feelings of responsibility that revealed internal expectations centered on being protectors and caregivers toward their ill sibling. Brody, Stoneman, Davis, and Crapps (1991) documented naturalistic information about the daily life of families with children diagnosed with mental retardation found that older sisters of these children had significantly more responsibility tasks such as personal assistance, adaptive tasks, meal preparation, and baby-sitting than matched comparison sibling pairs without

mental retardation. Moreover, as a result of the increased amount of family responsibilities, there was a subsequent decrease in time spent with friends and participating in out-of home activities for these children (Brody, Stoneman, Davis & Crapps, 1991). Vuchinich, Emery, and Cassidy (1988) found that daughters were more likely to be drawn into family disputes attempting to mediate and take on the role of caregiver. Apparently, there appears to be supportive evidence among these studies that there is a greater likelihood for female siblings, as compared to male siblings, to take on instrumental roles of parentification in intact families. Therefore, the issue of gender differences and type of role assignment (instrumental or expressive) for each gender will be further examined in the present study.

The importance of examining parentification in the context of the family system is needed and necessary to understand the particular circumstances in which this phenomenon occurs. Parentification, emotional roles in particular, also need to be further investigated especially in the context of atypical family environments where the potential of parentification may be greater because of increased stress experienced by each member of the family.

It is evident in past studies that siblings of children with a disability take on instrumental roles of parentification more than those in families without a disabled child (Brody et al., 1991 and McHale & Gamble, 1989). However, the emotional roles have not been well examined or differentiated from the instrumental dimension. The first step in identifying which types of role assignments are most harmful to children's development is to specify the extent to which these roles (instrumental or emotional) are being assigned in families. In the present study, both instrumental and expressive types of parentification will be differentiated and investigated. Two populations will be compared: (1) where there is a child with a developmental disability child in the family and (2) where there are at least two typically developing children in the family. In a chapter reviewing the assessment of childhood parentification, Jurkovic and colleagues (1999) state that the measures examined did not specifically differentiate between the instrumental and emotional dimensions. There are only a limited number of studies that have accomplished this. However, as discussed earlier, these studies focused on other populations such as, children of divorce (Jurkovic, et al., 2001) and

emotional dimensions of parentification more than single mothers of typically developing children. If this is discovered, it would indicate that this is one way in which typically developing siblings in families where there is a child with a developmental disability are at risk for problems because of being raised under such circumstances.

It is the goal of the researcher to assess the maternal parentification of siblings of children with a developmental disability. Specifically, the purpose of the study is to examine the extent to which typically developing siblings are parentified by parents in families and to determine whether there is a greater potential for single mothers to parentify their typically developing child in families where there is a child with a developmental disability than families with nondisabled children. Studies examining parentification of children of single (Winder, Grief, & Kelso, 1976), divorced (Goldman & Coane, 1977; Jurkovic, Thirkield & Morrell, 2001), and alcoholic parents (Carroll & Robinson, 1999; Chase, Deming & Wells, 1998) show that there is a greater likelihood of these children to be parentified as compared to normal controls. Again, these studies have not differentiated between instrumental and emotional types of

parentification. Additionally, the instrumental dimension can be further broken down into two subtypes: childcare and household, which has not been individually examined in past studies in the context of families with a developmentally disabled child.

Current statistics show that mothers are the primary caregivers to children and disproportionately receive custody of their children in the aftermath of divorce regardless of whether or not there is a child with a developmentally disabled present in the home. Data from the 2000 U.S. Census shows that there are 9.8 million single mothers raising their children under the age of 18. Oftentimes, single mothers are stigmatized and socially isolated, relying on their children as their main source of interpersonal satisfaction (Jurkovic, Jessee, & Goglia, 1991). Additionally, mothers face a dual challenge where they must be able to provide for their families emotionally and financially while coping with the demands associated with caring for a child with a developmental disability (Gottlieb, 1997). There has been very little research documenting the experiences of mothers who combine single parenting with caring for a child with disabilities (Gottlieb, 1997). Single mothers may tend to rely on their

typically developing child; thereby creating an environment that supports the conditions of parentification. Maternal parentification in atypical family environments, such as one where there is a child with a developmental disability present, has not been well examined in past studies. If it is determined that mothers are prone to assign more emotional roles of parentification to their typically developing child in families where there is a child with a developmental disability present, then it may be necessary to create interventions aimed at enhancing parenting skills, helping the parentified children to remain focused on age-appropriate developmental tasks and aiding mothers to avail themselves of resources that are accessible to them.

One goal of this present research is to distinguish between the two major types of parentification (instrumental and expressive) and to compare single and married mothers in: families where there is a child with a developmental disability present in the home and families where there are at least two typically developing children in the home. This will be determined through the use of a new measure developed from the literature assessing

mothers' views of how they assign roles to their typically developing child - the Hoffman-Moon Parentification Scale.

Based on previous studies, the following is hypothesized:

1. Due to siblings' responding to their overburdened parent and based on the literature reviewed examining other populations, mothers of a child with a developmental disability will report that their typically developing child will be parentified more than children in the comparison group where there is no disabled child in the family on both dimensions of parentification (instrumental and expressive) assessed. Specifically, mothers will report that their typically developing child will take on more emotional types of parentification in families where there is a child with a developmental disability present as supported by Jurkovic, Jessee, and Goglia (1991).
2. Single mothers, regardless of raising a child with a developmental disability, will report higher scores on the Parentification Scale as compared to married mothers.
3. Mothers will indicate that female siblings will be more likely than male siblings to assume more

instrumental roles (Brody et al., 1991 and McHale & Gamble, 1989).

CHAPTER TWO

METHODS

Participants

All participants were single mothers who were 21 years of age or older. Participants were drawn from two samples: Group one consisted of families where there is a child with a developmental disability and at least one typically developing sibling between the ages of eight and 17. Families were enrolled in the University Center for Developmental Disabilities (UCDD) program located on the campus of CSUSB - initially referred to the center by Inland Regional Center (IRC). The second group of participants consisted of families from the local San Bernardino County area. These families were made up of at least two male or female typically developing children whose age ranged from eight to 17 years. Families were recruited from a variety of groups: parent groups from the California State University, San Bernardino campus, Parents Without Partners (PWP), local church groups and other identified sources. Within families of group two, one child was randomly assigned to be the target child while the sibling closest in age to the target child (over eight

years old) was the identified sibling. In both groups, identified typically developing siblings' ages ranged from eight to 17 years. In cases where there was more than one typically developing sibling in the family, the sibling closest in age (over eight years old) was the identified sibling.

Of the 118 mothers examined in this study, 45% were Caucasian, 29% were Hispanic, 18.5% were African American, 8.9% were Asian, 0.8% was American Indian, and 6.5% represented other minorities. Mean age for this sample was 38, ranging from 23 to 52. Finally, 27.4% were single/divorced or separated and 71.8% were married.

Procedures

All data collected from families raising a child with a developmental disability was collected from a larger, ongoing research project at UCDD. A UCDD research staff member individually assessed all parents individually. Details of the research program were explained to all participants and consent for their participation was requested. Parents acknowledged that they understood the research procedures and goals, agreeing to participate by marking and signing appropriate spaces on the informed

consent document. Those electing to participate in the research project met individually with UCDD research staff to complete parent self-report, sibling assessment and program evaluation measures. For control and reliability purposes, researchers present all assessment materials verbally (Hoffman et al., 2003). The following is a list of measurements employed for UCDD's research purposes: Parent Stress Index (PSI), Family Environment Scale (FES), Dyadic Adjustment Scale (DAS), Coping Scale for Adults (CSA), Perceived Adequacy of Resources (PAR), Symptom Assessment-45 (SA-45), Rosenberg Self-Esteem Scale (ROS), Doti and Armstrong Attribution Scale (DAAS), Behavioral Vignettes Test (BVT), Therapy Attitudes Inventory (TAI), Child Behavior Checklist (CBCL), and Parentification Scale (PS). For the present study, the Parentification Scale will be the only measure to be examined. It was expected that all measures would take approximately 1.5 - 2 hours to complete the assessment packets, however, there were no time constraints. Upon completion, all answer sheets completed by participants are sealed in a plain envelope identified with a predetermined code number used to protect participant anonymity.

Procedures for the comparison group differed from the procedures outlined above, in that participants were not assessed individually. Due to the drastically reduced number of items collected from the comparison group, questionnaires were read and completed by mothers alone. Mothers in the comparison group were asked to answer items from the Parentification Scale only and to fill out the demographics sheet; these brief questionnaires were handed out and returned to the researcher, as they were completed by mothers.

Materials

For the comparison group, mothers were asked to fill out a demographic sheet identifying information on themselves, the developmentally disabled or target child, and the sibling closest in age (see attached). In addition to the demographic sheet, mothers were also be asked to complete the Parentification Scale.

The Parentification Scale (PS). Created by the UCDD Research Team (see Hoffman & Moon, 2001) and derived from related literature (Mika, Bergner, & Baum, 1987; Sessions & Jurkovic, 1986), the PS was developed to assess the degree to which a parent "parentifies" his/her non-disabled child

(an identified sibling of the autistic child attending the UCDD program). Parentification in the family involved an instrumental and/or emotional role reversal where the child sacrifices his or her own needs for the attention, approval and guidance of the parent (Chase, 1999). This scale consists of 28 items and is divided into three subscales: Emotional/ Expressive Responses, and Household Tasks and Childcare Tasks. On the Emotional and Expressive subscale parents' rate 14 items on Likert-type scales ranging from 1 (*strongly agree*) to 7 (*strongly disagree*). These items represent aspects of the parent - sibling relationship suggesting emotional role reversal (e.g., "My child understands my personal problems"). On the Childcare and Household items, parents are asked to indicate how frequently their non-disabled (identified) child helps them with each of seven childcare tasks (e.g., Preparing lunch for sister/brother) and eight household tasks (e.g., vacuuming) rated using 7-point Likert-type scales ranging from 1 (*never*) to 7 (*frequently*).

Statistical Analysis

A 2 x 2 x 2 between -subjects multivariate analysis of variance (MANOVA) was employed to determine differences

between groups (mothers raising typically developing children vs. mothers raising a child with a developmental disability; single vs. married mothers; and male vs. female) on the three subscales (emotional, household and childcare) of the Parentification Scale. According to Tabachnik and Fidell (19??), MANOVA is particularly useful when one is examining two or more correlated dependent variables and that MANOVA reduces the probability of making type I errors in conducting analyses on multiple dependent variables.

CHAPTER THREE

RESULTS

Reliabilities were calculated using the average scale score for each of the three subscales: emotional, household and childcare. Two of the three subscales produced reliabilites high enough to use the items in each as part of the valid scales: emotional subscale, $\alpha = .94$, and household, $\alpha = .84$. To improve reliability of the childcare subscale, item number 26, "helping sister/brother to dress", was removed. This increased childcare reliability from $\alpha = .77$ to $\alpha = .84$.

Bivariate correlations were examined to determine the relationship among the three subscales. Results reveal that there is a significant positive relationship between the household and childcare subscales ($r = .43$, $p < .05$). The emotional subscale was not significantly correlated to the household and childcare subscales. Because two of the three dependent variables were correlated, a MANOVA was utilized to reduce the probability of making type I errors.

A 2 (Group: Comparison vs. UCDD) x 2 (Marital Status: Single vs. Married) x 2 (Sibling Gender: Male vs. Female) multivariate analysis of variance (MANOVA) was performed on

the three subscales of the Parentification Scale: emotional, household and childcare. SPSS MANOVA was used for all assumption evaluation and analyses.

A total of 118 mothers were employed for this study. There was evidence in support of the assumptions of normality, linearity, and multicollinearity. However, the assumption of homogeneity of variance covariance matrices was not met (Box's M = 93.49, $F(36, 4711) = 2.3, p < .05$). Using a criterion of $p < .001$ (Mahalanobis distance for multivariate outliers and z scores for univariate outliers) there were no within cell univariate or multivariate outliers detected.

Due to the violation of the homogeneity of variance covariance assumption, the Pillais criterion was used to evaluate the main analyses. Pillais criterion showed that the combined dependent variable (sub scores on the Parentification Scale) was significantly affected by marital status (Pillais Trace = .534, $F_{(3, 106)} = 40.54, p < .05, \eta^2 = .53$) and sibling gender (Pillais Trace = .108, $F_{(3, 106)} = 4.26, p < .05, \eta^2 = .11$). The multivariate analysis also revealed a significant Group x Marital Status interaction (Pillais Trace = .43, $F_{(3, 106)} = 26.93, p < .05, \eta^2$

= .43. The variance in the combined dependent variable (emotional, household and childcare) was accounted for by marital status (53%), sibling gender (11%) and the interaction between group x marital status (43%).

To further investigate the nature of these effects, follow-up univariate analyses were performed. Experimentwise Type I error was controlled in this follow-up analysis by evaluating each univariate test at $\alpha = .01$. Table 1 presents the means and standard deviations for each dependent variable by each predictor: group, marital status and sibling gender.

Emotional, household, childcare and total Parentification Scale sub scores were examined. Follow-up univariate analyses reveal that there was a main effect for marital status, $F_{(1,108)} = 108.37, p < .01, \eta^2 = .07$, a main effect for sibling gender, $F_{(1,108)} = 7.64, p < .01, \eta^2 = .07$ and there was a significant Group x Marital Status interaction, $F_{(1,108)} = 7.93, p < .01, \eta^2 = .41$) on mother's emotional subscale scores. There is a significant mean difference in emotional subscale scores as a function of group (comparison vs. UCDD) and this difference depends on marital status (single vs. married). As seen in Table 2,

single mothers in the comparison group reported the highest scores on the emotional subscale ($mean = 3.75$) than single mothers in the UCDD group ($mean = 3.04$), married mothers in the comparison group ($mean = 2.30$), and married mothers in the UCDD group ($mean = 3.03$).

Further, there was a main effect for sibling gender on household sub scores, $F_{(1,108)} = 6.39$, $p < .01$, $\eta^2 = .06$.

There was a significant mean difference in household sub scores as a function of sibling gender. Mothers reported that female siblings ($mean=3.46$) perform more household chores than male siblings ($mean=2.96$). Therefore, the only subscales that made a significant unique contribution to predicting differences among groups were the emotional and household subscales.

Table 1. Parentification Scale: Mean Scale Scores
 Separated by Group, Marital Status, and Sibling Gender

| | Group | | | | Marital Status | | | | Sibling Gender | | | |
|-----------|------------|------|--------|------|----------------|------|---------|------|----------------|------|--------|------|
| | Comparison | | UCDD | | Single | | Married | | Male | | Female | |
| | N = 59 | | N = 57 | | N = 32 | | N = 84 | | N = 61 | | N = 55 | |
| | M | SD | M | SD | M | SD | M | SD | M | SD | M | SD |
| Emotional | 2.87 | .73 | 3.03 | .43 | 3.55 | .43 | 2.72 | .50 | 2.93 | .64 | 2.97 | .57 |
| Household | 3.39 | 1.30 | 2.99 | 1.17 | 3.48 | 1.48 | 3.08 | 1.13 | 2.96 | 1.17 | 3.46 | 1.29 |
| Childcare | 2.53 | 1.27 | 2.92 | 1.41 | 2.51 | 1.24 | 2.80 | 1.34 | 2.61 | 1.33 | 2.84 | 1.37 |

Note: Scale for the emotional subscale range from 1 to 5, where higher scores indicate more assignment of emotional roles to their typically developing child. Scale for the household and childcare subscales range from 1 to 7, where higher scores indicate greater assignment of instrumental tasks.

^a For each scale means, significance at $p < .05$.

Table 2. Univariate Follow-up Analyses for Emotional, Childcare and Household Subscales

| | Comparison Group | | | | UCDD Group | | | |
|-----------|-------------------|------|-------------------|------|-------------------|------|-------------------|------|
| | Single | | Married | | Single | | Married | |
| | N=23 | | N=36 | | N=9 | | N=48 | |
| | M | SD | M | SD | M | SD | M | SD |
| Emotional | 3.76 ^b | .17 | 2.30 ^b | .20 | 3.04 ^b | .46 | 3.03 ^b | .43 |
| Household | 3.55 | 1.59 | 3.29 | 1.07 | 3.31 | 1.26 | 2.93 | 1.16 |
| Childcare | 2.44 | 1.20 | 2.58 | 1.33 | 2.67 | 1.42 | 2.96 | 1.42 |

Note: Scales for the emotional subscale range from 1 to 5. Higher scores indicate more assignment of emotional roles to their typically developing child.

^b For each scale means, significance at $p < .01$.

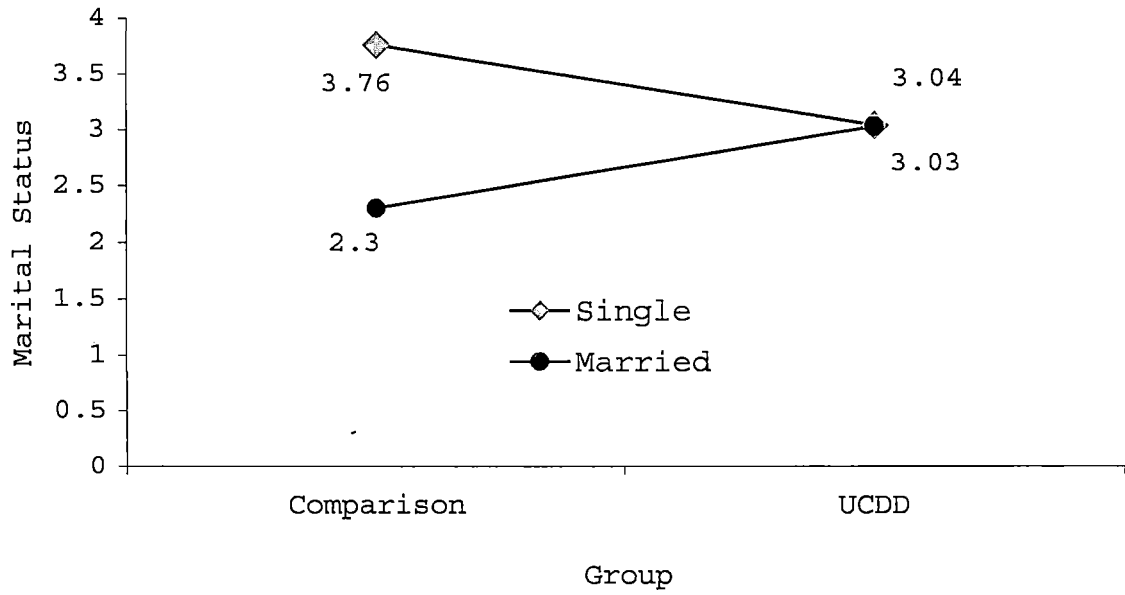


Figure 1. Group X Marital Status Interaction on Emotional Subscale

CHAPTER FOUR

DISCUSSION

This study sought to investigate the ways in which single and married mothers assign adult roles to their children. Data was collected from mothers raising a child with a developmental disability and a comparison group of mothers raising a typically developing child. Areas of emotional and instrumental adult role assignments involving children (parentification) were investigated through the use of a new measure: the Hoffman-Moon Parentification scale. It was hypothesized that mothers raising a child with a developmental disability would report higher scores on each dimension of the Hoffman-Moon parentification scale. The Hoffman-Moon parentification scale include emotional, household and childcare dimensions. It was expected that due to the overwhelming burdens of caring for a child with special needs this parental group would be predisposed to parentify their non disabled sibling child. However, this hypothesis was not supported. Results indicate that there were no significant group differences between mothers raising a child with a developmental disability and mothers raising typically developing

children on each of the subscales measured: emotional, household and childcare.

It was also hypothesized that there would be significant differences based upon marital status. Consequently, it was expected that single mothers, regardless of child characteristics would report higher scores of parentification compared to mothers who were married. This hypothesis was partially supported with single mothers reporting higher scores only on the emotional subscale but not household and childcare dimensions. Our final hypothesis predicted gender differences between male and female siblings. Results reveal significant instrumental role assignment but not emotional assignment. Specifically, mothers reported that their typically developing daughters were more likely to be assign instrumental household tasks compared to male siblings. These finding clearly demonstrate the utility of the Hoffman-Moon Parentification Scale.

This exploratory study also sought to differentiate between the emotional and instrumental dimensions of parentification through the use of the Hoffman-Moon Parentification Scale. Our findings demonstrate that household and childcare subscales were positively

correlated. However, the emotional subscale were not correlated to the household and childcare subscales. This and our other aforementioned preliminary findings support past studies suggesting that there may be two major dimensions of parentification (Jurkovic, et al. 2001) --one involving task assignments such as household and childcare responsibilities and the other, more serious type of parentification involving burdening a child with adult emotional responsibilities.

Emotional

Single mothers, across groups, reported higher emotional sub scores as compared to married mothers. This finding reinforces past studies identifying single parent family environments supporting the conditions of parentification of a typically developing child (Goldman & Coane, 1977; Jurkovic, Thirkield & Morrell, 2001; and Winder, Grief, & Kelso, 1976). Our findings also support prior research that indicating there is a greater likelihood of single mothers to assign emotional roles, such as confidant and peacemaker, of their typically developing child due to lack of support from an adult partner.

Chase (1999) states that there may be a greater prevalence of parentification in single parent families that result in greater demand for children to raise themselves without the benefit of effective parental guidance. Further, Dawson (1980), like Weiss (1979), found that children in single-parent families assumed more parental responsibility than children in two-parent families. Further reinforcing the notion that children are at risk for parentification without both parents present. In a study comparing adolescents and young adults from divorced and non-divorced families, Jurkovic, Thirkield and Morrell (2001), report that adolescents of divorced parents provided twice as much emotional role assumption towards their siblings and parents. Lastly, Jurkovic et al. (1991) and Minuchin (1974) confirm that emotional types of parentification are considered to be a greater threat to a child's well being than parentification of instrumental roles.

Instrumental

The instrumental dimension of parentification is composed of both household and childcare tasks. Although no significant differences were found between groups on the

childcare subscale, mothers (across groups) reported that their typically developing daughters were more likely to be assigned household tasks as compared to sons. This finding is supported by past studies that show that female siblings were more likely assigned instrumental roles as compared to male siblings (Brody et al. and McHale & Gamble, 1989).

Brody, Stoneman, Davis, and Crapps (1991) also found that older sisters of children diagnosed with mental retardation had significantly more responsibility tasks such as personal assistance, adaptive tasks, and meal preparation than male siblings. This sex difference favoring female siblings on this dimension may reflect to some degree traditional roles expectations and not indicative of some underlying mechanism of male female dynamics.

Single Mothers

Our findings indicate that single mothers were more likely to assign emotional and household tasks to their typically developing children as compared to married mothers. Marcenko and Meyers (1991) report that married mothers perceived support from their husband as important and vital to child-care. Similarly, Herman and Thompson (1995) "...report that husbands provide some of the most

beneficial support to mothers" (as stated in Boyd, 2002, p. 23). Consequently, it is not surprising that married mothers who could rely on their spouse for many instrumental and emotional needs are less predisposed to parentify their typically developing child. Clearly, regardless of how capable a single mother believes herself to meet the demands of childcare, having both parents present reduces the risks of parentification across a range of instrumental and emotional dimensions.

Further, it was found that there was a significant interaction between group (comparison and UCDD) and marital status where single mothers in the comparison group reported the highest negative emotional sub scores. This suggests that the overriding factor that fosters parentification within the family context is marital status. Interestingly, single mothers from our community sample reported higher emotional sub scores than mothers enrolled in the University Center for Developmental Disabilities Program (UCDD). This finding may be explained by characteristics of our sample from the UCDD. These parents from the (UCDD) may be a self-selecting group. They may also be an exceptional sample of parents due to the fact that they seek resources (as evidenced by their

enrollment in the UCDD program) beyond what is provided to them through local and state agencies.

Because single mothers are often socially isolated, they may tend to rely on their typically developing children as their main source of interpersonal satisfaction by eliciting subtle requirements for emotional types of support (Jurkovic, Jesse, & Goglia, 1991). Therefore, under certain conditions, single mothers rely upon their typically developing child for adult emotional needs. This finding supports existing literature that single mothers, who often experience stress, poverty and social stigma (McLanahan & Sandefur, 1994; Mulroy & Pitt-Catsoupes, 1994), are vulnerable to obligate age inappropriate responsibilities to their typically developing children (McLanahan, 1994; Weissbourd, 1994).

Further, Richards and Schmiede (1993) report that single mothers report significant problems relating to role and task overload. And given these many demands placed on single mothers, they often report seeking a range of supports (Boyd, 2002). This support can come in the form of formal aid such as professional or government programs/assistance or more likely, and under valued, informal social supports. In particular mothers/wives in

general would seek the support of their spouses (Konstantareas & Himatidis, 1989). Extra assistance needed by single mothers, was noted in areas such as respite needs involving child care duties, child discipline, and help with daily household chores (Konstantareas & Himatidis, 1989). When mothers lack formal or informal support, this may lead them to relying upon their typically child to take on additional responsibilities, thereby creating an environment that fosters parentification.

Mothers of Children with a Developmental Disability

The lack of parentifying behaviors in our UCDD sample (as compared to controls) may be partially explained through the services offered at the UCDD. Many instrumental needs such as respite care, financial assistance, and expert advice are may be met by the programs at the UCDD. Further, the UCDD may also provide a level of emotional well-being due to friendship and staff interactions. These genuine emotionally interactions at the UCDD clearly provide a level of human contact that this group of mothers vitally needs to counter characteristics of their child's disability. Therefore, when considering the stigmatizing

effects of raising a child with a developmental disability, the need for empathetic parents facing similar obstacles and concerned UCDD staff may well have therapeutic benefits.

Limitations

Limitations of this current study are central to our understanding of how to conceptualize and measure parentification. Lack of significant findings for parentification among mothers of children with a developmental disability can be attributed to limitations of the study. Among demographic information collected, the comparison and UCDD group differed on the following items: household income, age of typically developing sibling and age of target child; where participants in the UCDD sample had a higher income level and sibling and target children were younger. If siblings were perhaps older, they would have been expected to take on more responsibilities, chores, and other household and/or childcare tasks. These differences between the comparison and UCDD groups may have impacted comparability between groups. Therefore, interpretation and utility of findings is limited.

Further limitations involve the Hoffman- Moon parentification scale itself. Parents raising a child with a developmental disability may have experienced reactivity due to the sensitive topic of the types of questions asked within the measure. Questions from the Hoffman-Moon scale such as "My child understands my personal problems", "My child comforts me when I am upset", and "I rely on my child when there is a crisis" may have elicited strong recognition of this or similar behaviors that were distressing or at least embarrassing to a parent. Thus, parents may not have been able to accurately or honestly answer due to the nature of the questions. Because this was the initial experimental use of this measure, further in depth analysis needs to be conducted. These should include but are not limited to individual question item analysis and examining factor loadings of instrumental (household and childcare) and emotional areas. These test analyses should divulge the validity of the assumptions of this measure.

Future Directions

This study presents results that underscore the importance of distinguishing between the two major

dimensions of parentification. Past studies support the notion that emotional forms of parentification result in destructive consequences for the child that is assigned adult responsibilities (Jurkovic, Thrikiel and Morrell, 2001). It is necessary that further studies are needed to identify the protective factors that may alleviate parental burden. Further research along these lines also promise to inform public policy and clinical interventions for families and in particular single mothers. In general, policies and associated practices that help alleviate parental stress should decrease the extent to which parents turn to their children for support and triangulate them into their conflicts.

Also, one area that needs to be investigated in the future is the role of formal assistance that mothers of children with a developmental disability receive. Although it is assumed that caring for a child with a disability requires an expanded and robust need for assistance—it may be possible that, for this limited population of mothers, that they are somehow adequately meeting the demands of parenting. Thus, in light of our findings, that mothers raising a child with a developmental disability actually engage in appropriate assignment of child tasks and/or

roles, as compared to controls. This suggests that the demands of caring for their children are being sufficiently met. Specifically, how the significant burdens of child-care are being met can, at this time, be tentatively attributed to the service goals offered at the UCDD and other agencies. Other similar programs may include special school placements and expert care funded at the state and county levels that adds to the total parental ability to meet child complications.

Clearly, no matter how many services are offered, the burdens of caring for one's child with a developmental disability are substantial. The fact that these mothers report little in the way of age inappropriate demands (parentification) of their typically developing child indicates that, at least for this specific domain, that they are well served by services in their community. There is moderate inferential support for the notion that these mothers' needs are being met by the UCDD program and other similar agencies. We are pleasantly surprised that they function so competently in the face of obvious demands associated to caring for a child with a developmental disability.

Conclusion

The present findings, as noted, contribute to a larger body of evidence pointing to the importance of treating the family as whole, addressing each individuals needs thereby preventing negative consequences such as that of the parentification of typically developing children.

APPENDIX A
INFORMED CONSENT

Dear Participant:

My name is Christine Benitez and I am a graduate student here at CSUSB. The purpose of my study is to examine ways in which single and married mothers parent their children and how they involve them in household and childcare tasks.

As we go through the items in the questionnaire together, which will take about 10 minutes; I encourage you to respond to each question accurately and honestly. It is important to let you know that all of your answers will be kept completely confidential.

Participation is completely voluntary and you may choose to stop at any time.

There are no foreseeable risks associated with participation. You will receive 2 extra credit points in your psychology class for participating in this experiment.

If you have any questions about this project, please contact Dr. Charles D. Hoffman (909) 880-7305.

Thank you so much for your participation! Your help is greatly appreciated!

This research project has been approved by the Department of Psychology Human Subject Review Board of California State University, San Bernardino.

Sincerely,
Christine P. Benitez
Graduate Student
California State University, San Bernardino

.....
The purpose and nature of this research have been sufficiently explained and I agree to participate in this study. I understand that I am free to withdraw at any time without incurring any penalty.

Signature

Date

APPENDIX B
DEMOGRAPHIC SURVEY

Parent Information

Date of Birth: m m d d y y y y
 / /

Please check all that apply:

Race: 1. African 3. Hispanic / 5. Pacific 7. Other
 American / Black Latino Islander
 2. Asian 4. White / 6. American Indian
 Caucasian

How long have you been a single parent? _____ years _____ months

If divorced, please indicate how many times: _____

Highest Education Level: 1. No High School 4. Some College 7. Post Graduate
 2. Some High School 5. 2-Year College Graduate
 3. High School Graduate/GED 6. 4-Year College Graduate

Occupation: _____

Household Income: 1. less than 3. \$36,000 to 5. \$60,000 to
 \$24,000 \$47,999 \$71,999
 2. \$24,000 to 4. \$48,000 to 6. \$72,000 or more
 \$35,999 \$59,999

Sibling Information (Child nearest in age to target child over the age of eight)

Date of Birth: m m d d y y y y
 / /

Check all that apply:

Race: 1. African 3. Hispanic / 5. Pacific 7. Other
 American / Black Latino Islander
 2. Asian 4. White / 6. American Indian
 Caucasian

Gender: M F

Educational History

Grade Level: Years in School (since starting Kindergarten):

APPENDIX C
PARENTIFICATION SCALE

Directions: *Circle the response that best represents your opinion.*

Circle 1 if you strongly agree with the statement.

Circle 2 if you agree with the statement.

Circle 3 if you are neutral

Circle 4 if you disagree with the statement.

Circle 5 if you strongly disagree with the statement.

1. I like being with my child more than I like being with my adult friends.

1 2 3 4 5

2. I do not like to confide in my child.

1 2 3 4 5

3. My child understands my personal problems.

1 2 3 4 5

4. My child comforts me when I am upset.

1 2 3 4 5

5. My child seems more mature than other children of the same age.

1 2 3 4 5

6. I do not seek my child's advice with my problems.

1 2 3 4 5

7. My child would rather play with his/her friends than help out with their brother or sister.

1 2 3 4 5

8. My child understands the problems I have in my relationship with my spouse/partner.

1 2 3 4 5

9. My child is a peacemaker in family matters.

1 2 3 4 5

10. My child is my close friend.

1 2 3 4 5

11. I rely on my child when there is a crisis.

1 2 3 4 5

12. My child cares for me when I am physically ill.

1 2 3 4 5

13. My child is aware of our family's financial concerns/circumstances.

1 2 3 4 5

14. When I have an argument with my spouse/partner, it is important that my child is on my side.

1 2 3 4 5

Please indicate how frequently your child helps you with each of the following household tasks:

- Circle 1 for never**
- Circle 2 for rarely**
- Circle 3 for occasionally**
- Circle 4 for more often than not**
- Circle 5 for often**
- Circle 6 for very often**
- Circle 7 for frequently**

- | | | | | | | | | |
|-----|-----------------------|---|---|---|---|---|---|---|
| 15. | Vacuuming | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. | Dusting | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. | Cleaning the bathroom | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. | Making beds | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. | Tidying living room | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. | Preparing meals | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 21. | Washing dishes | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 22. | Doing laundry | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Please indicate how frequently your child helps you with each of the following childcare tasks with their sibling:

Circle 1 for never

Circle 2 for rarely

Circle 3 for occasionally

Circle 4 for more often than not

Circle 5 for often

Circle 6 for very often

Circle 7 for frequently

23. Cleaning up after sister/brother

1 2 3 4 5 6 7

24. Preparing lunch for sister/brother

1 2 3 4 5 6 7

25. Caring for sister/brother when sick

1 2 3 4 5 6 7

26. Helping sister/brother to dress

1 2 3 4 5 6 7

27. Helping sister/brother to bathe

1 2 3 4 5 6 7

28. Helping supervising sister's/brother's play

1 2 3 4 5 6 7

APPENDIX D
DEBRIEFING STATEMENT

Thank you for participating in this research project! The purpose of this study is to compare families where there is child with a developmental disability to families with typically developing children by assessing the ways in which single mothers parent their children and how they involve them in household and childcare tasks.

Copies of the results will be made available by June 2003.

If you have any questions about this study, or wish to receive a copy of the results when they become available, please contact Dr. Charles D. Hoffman at (909) 880-7305.

Thank you,

Christine P. Benitez

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