

PARENTIFICATION AND PSYCHOLOGICAL DISTRESS IN ADULthood:
THE MODERATING EFFECT OF DIFFERENTIATION OF SELF

A THESIS SUBMITTED TO
THE GRADUATE SCHOOL OF SOCIAL SCIENCES
OF
OZYEGIN UNIVERSITY

ŞEYMA ÖZTÜRK AKKUŞ

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR
THE DEGREE OF MASTER OF ARTS
IN
THE DEPARTMENT OF PSYCHOLOGY

MAY 2023

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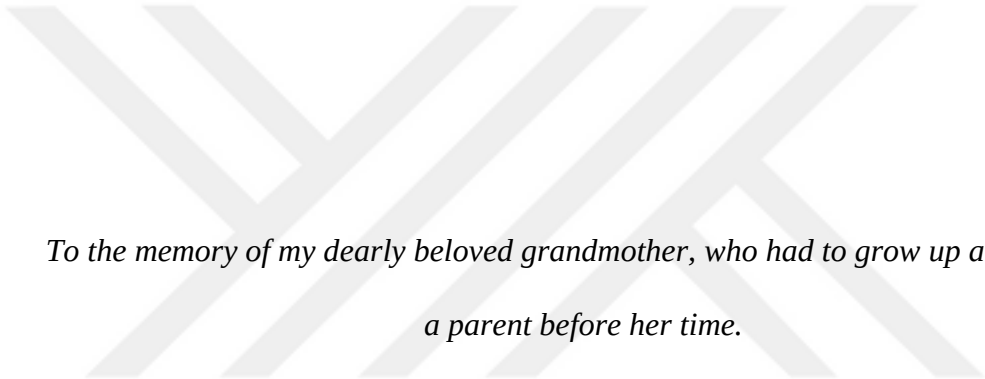
The thesis of Şeyma Öztürk Akkuş,
has been approved by:

Assoc. Prof. Nilüfer Kafescioğlu
Jury Member
(Thesis Advisor)

Asst. Prof. Celia Naivar Şen
Jury Member

Asst. Prof. Asuman Büyükcan Tetik
Jury Member
(External Member)

May/2023



*To the memory of my dearly beloved grandmother, who had to grow up and become
a parent before her time.*

ABSTRACT

The present study aimed to investigate the contributions of childhood parentification and differentiation of self (DoS) on psychological distress. Also, the moderating role of DoS was examined in the relationship of parentification with psychological distress. The sample consisted of 475 adults. Inclusion criteria were determined as being above the age of 25, having no child, and not currently caring for a parent. The data was collected online via Qualtrics. The participants were offered demographic information form, Parentification Inventory (PI), Differentiation of Self Inventory-Revised (DSI-R), and Kessler Psychological Distress Scale (K10) (Hooper, 2009; Skowron and Schmitt, 2003; Kessler et al., 2003) respectively. Bivariate correlations, hierarchical regressions, and moderation analysis were conducted to test the hypotheses. The moderation model indicated that DoS moderated the relationship between perceived benefits from parentification and psychological distress. Higher levels of DoS strengthened the negative association between perceived benefits from parentification experience and psychological distress. However, the interaction of differentiation of self with parent-focused parentification and sibling-focused parentification were not statistically significant in predicting psychological distress. These findings suggest that the interaction of different DoS levels with parentification has no significant effect on psychological distress. The findings are discussed in light of the previous literature regarding clinical implications, limitations, and future research.

Keywords: parentification, differentiation of self, psychological distress, moderation analysis

ÖZET

Bu çalışma, çocuklukta ebeveynleşme ve benliğin ayrılaşmasının psikolojik sıkıntı düzeyine katkılarını araştırmayı amaçlamıştır. Ayrıca, ebeveynleşmenin psikolojik sıkıntı ile ilişkisinde benliğin ayrılaşmasının düzenleyici rolü incelenmiştir. Örneklem 475 yetişkinden oluşmaktadır. 25 yaşın üzerinde olmak, çocuk sahibi olmamak ve güncel durumda bir ebeveyne bakım vermiyor olmak katılımcı kriterleri olarak belirlenmiştir. Veriler, Qualtrics aracılığıyla çevrimiçi olarak toplanmıştır. Katılımcılara sırasıyla demografik bilgi formu, Ebeveynleşme Envanteri (EE), Benliğin Ayrılaşması Ölçeği (BAÖ), Kessler Psikolojik Sıkıntı Ölçeği (K10) (Hooper, 2009; Skowron and Schmitt, 2003; Kessler ve ark., 2003) sunulmuştur. Hipotezleri test etmek için iki değişkenli korelasyonlar, hiyerarşik regresyon ve moderasyon analizi yürütülmüştür. Moderasyon modeli, benliğin ayrılaşmasının ebeveynleşmeden algılanan fayda ile psikolojik sıkıntı arasındaki ilişkide düzenleyici etkisi olduğunu göstermiştir. Daha yüksek ayrılaşma seviyeleri, ebeveynlik deneyiminden algılanan faydalar ile psikolojik sıkıntı arasındaki negatif ilişkiyi güçlendirmektedir. Bununla birlikte, benliğin ayrılaşmasının ebeveyn odaklı ebeveynleşme ve kardeş odaklı ebeveynleşme ile etkileşimi, psikolojik sıkıntıyı yordamada istatistiksel olarak anlamlı bulunmamıştır. Bu bulgular, farklı ayrılaşma düzeylerinin ebeveynleşme ile etkileşiminin psikolojik sıkıntı üzerinde anlamlı bir etkisinin olmadığını göstermektedir. Bulgular, önceki literatür ışığında klinik çıkarımlar, sınırlılıklar ve gelecekteki araştırmalar açısından tartışılmıştır.

Anahtar kelimeler: ebeveynleşme, benliğin ayrılaşması, psikolojik sıkıntı, moderasyon analizi

ACKNOWLEDGMENTS

First, I would like to express my sincere gratitude to my thesis advisor, Dr. Serkan Özgün. I feel grateful for everything I learned from him during all my master's training. Thank you so much for your support and generosity in sharing your knowledge and experience. I also want to share my endless gratitude for Assoc. Prof. Nilüfer Kafescioğlu, for all her invaluable guidance and teachings. I feel very proud and privileged to be your student in becoming a couple and family therapist.

I would like to thank my thesis committee members, Dr. Celia Naivar Şen and Dr. Asuman Büyükcan Tetik, for accepting to join the thesis committee and improving this research. I would also like to thank Assoc. Prof. Dr. İbrahim H. Acar, for not leaving my questions unanswered and being open to guide me. I was able to progress in my thesis thanks to his teachings on statistics. Also, I would like to thank Dr. Şebnem Yüksel Sevindik, who inspired me to choose this field and introduced me to the systemic perspective when I was still an undergraduate student, for her guidance and sincere interest in my progress as a therapist candidate.

I would like to thank TÜBİTAK for providing financial support during my graduate training.

I am also profoundly grateful for my dearest friends. Thank you for being there when I need you and caring about me. I would also like to thank my dear friends and colleagues from the Özyeğin CFT program. I am happy to share this journey with you; your endless support has made it enjoyable and more manageable.

And, of course, I would like to express my deepest gratitude to my parents, who support and believe in me all the time. My little sister, you have been by my

side as always. Your presence always makes me feel better and stronger. My dear cousin, thank you so much for being there when I need you and for your emotional support; it is so precious to me. And my dear partner of my life, I would like to thank you as my biggest supporter. I embarked on this journey with the courage you gave me, and I could continue on this path with the motivation you provided. I feel infinitely lucky to have you as my companion on this journey and beyond.



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CHAPTER 1

INTRODUCTION

Parentification is a kind of role reversal that requires the children to meet their parents' needs while sacrificing their own needs within the family (Boszormenyi- Nagy & Spark, 1973; Chase, 1999; Jurkovic, 1998; Minuchin et al., 1967). Parentification has been investigated with different mental health outcomes in the literature for decades (Hooper et al., 2011). Studies have reported that childhood parentification has been associated with both adaptive and maladaptive psychological outcomes in adulthood (Aldridge, 2006; Hooper et al., 2008; Jankowski et al., 2013). However, there is a limited number of studies investigating the correlates of the course or severity of these outcomes (Williams & Francis, 2010). This study aims to contribute to the field in this direction by investigating the moderating role of self-differentiation in the relationship between the history of childhood parentification and psychological distress experienced in adulthood. By psychological stress, we refer to emotional disturbance accompanied by symptoms of anxiety and depression (Drapeau et al., 2012; Horwitz, 2002). Besides, differentiation of the self has the meaning for intrapersonal skills to establish a certain balance with feelings and thoughts, and interpersonal skills to balance intimacy and individuality in close relationships (Bowen, 1978).

According to Chase (1999), in parentification, the children sacrifice their own needs (attention, comfort, guidance, etc.) through functional and/or emotional role change for the sake of the parent's material and emotional needs. Specifically, childhood parentification involves the child taking on certain parental roles at home, such as providing emotional support, alleviating family conflicts, taking care of

siblings, and fulfilling domestic responsibilities (Hooper et al., 2008; Jurkovic, 1997). In addition, the parentified child may not always be caring for the parent. In some cases, the caregiving role may be directed toward a sibling. Similar to parent-focused parentification, sibling-focused parentification may include providing emotional support and/or meeting the physical needs of the sibling (Hooper et al., 2011b).

The studies investigating childhood parentification and following outcomes indicated that parentification could be an important risk factor for adult mental health problems (Jacobvitz & Bush, 1996; Hooper et al., 2011a; Katz et al., 2009; Shifren & Kachorek, 2003). Specifically, studies have found significant correlations between parentification and depression, anxiety, and emotional distress (Hooper et al., 2008; Hooper & Wallace, 2010; Köyden, 2015; Peris et al., 2008; Williams & Francis, 2010). The current study also expects that childhood parentification will be associated with the adult level of psychological distress. Psychological distress was defined as emotional damage characterized by symptoms of depression and anxiety (Drapeau et al., 2012; Horwitz, 2002).

There have also been studies indicating that the parentification does not always have to result in negative outcomes. According to Jurkovic (1997, 1998), when there is a balanced distribution of the roles in the family and the child's contribution is appreciated, constructive parentification can be observed. Therefore, the experience of parentification may not be entirely beneficial or harmful in all cases. Accordingly, in the current study, we will question whether the outcomes of childhood parentification differ for individuals who are differentiated at varied levels from their families of origin. Differentiation of self (DoS) has been described as a

kind of an emotion regulation and a coping strategy. Well-differentiated individuals can balance emotional and intellectual functioning in their inner world; and independence and intimacy in their interpersonal world (Bowen, 1978; Kerr & Bowen, 1988).

Differentiation of self (DoS) has also been evaluated as an important factor for psychosocial health (Murdock & Gore, 2004). Previous research indicated a reversed association between differentiation and psychological distress; increased levels of DoS were correlated with decreased psychological symptoms (Skowron & Friedlander, 1998; Tuason & Friedlander, 2000). Studies also showed that parentification and differentiation were linked. While some researchers have reported negative associations between parentification and differentiation of self (Jankowski et al., 2013; Jankowski & Hooper, 2014; Lee & Kim, 2019; Shih et al., 2010), Hooper et al. (2008) assumed that parentification could also pave the way for an appropriate level of differentiation if the parentified child develops autonomy and competence while handling parental tasks in the family.

Thus, it could be said that while parentification may affect psychological health in adulthood in different directions, it may also have different associations with differentiation of self (Hooper et al., 2008). Thus far, certain variables (i.e., gender, cultural context, locus of control, perceived unfairness, and the presence of social support) have been investigated as mediators or moderators in the relationship between parentification and later outcomes (Burnett et al., 2006; Chase, 1999; Jankowski et al., 2013; Jurkovic et al., 2001; Tomeny et al., 2017; William & Francis, 2010). In the current study, differentiation of self, which has been studied as a mediator so far, will be treated as a moderator variable in the relationship between

parentification and psychological distress. We hypothesized that individuals with different levels of differentiation may handle parentification-related stress at different levels of functioning. Thus, we expected that having a high level of differentiation may be a protective factor on the correlation between parentification and mental health outcomes.



CHAPTER 2

LITERATURE REVIEW

2.1. Parentification

The phenomenon of parentification has initially been discussed with family system theories. In family system theories, parentification was described as an outcome of some dysfunctional dynamics in the family, especially problems in the distribution of roles regarding emotional caregiving and/or household responsibilities. First, Minuchin et al. (1967) introduced the term "parental child" in their study of families from disadvantaged areas of New York City. After conducting observations and clinical studies with the families living in urban poverty, the researchers found that the children in these families directly or indirectly assumed the role of authority in the family. The researchers emphasized that this role could conflict with the child's developmental needs and exceed the child's equipment.

Later, Boszormenyi-Nagy and Spark (1973) introduced the term "parentification" to the literature. The authors defined parentification as the loss or deterioration of boundaries among family subsystems, which is accompanied by the child's assuming caregiving roles normally belonging to adults. They called parentified children as parents' physical and psychological guardians. After that, Jurkovic (1997, 1998) offered a model of parentification. Jurkovic argued that the parentification experience might not lead to only constructive or destructive outcomes. Jurkovic also emphasized that this distinction may depend on the balance in the distribution of duties at home and how the family meets the child's contribution. Jurkovic (1997) characterizes destructive parentification by an unbalanced distribution of roles among family members and a deficiency in setting

boundaries in family subsystems. It requires the child to overbook the role of caregiving for the maintenance of the family system. Moreover, Jurkovic (1997, 1998) suggested that how parentification is perceived can predict how it results, which was supported later by Hooper and Wallace (2010). The researchers argued that perceiving parentification as unfair or beneficial may change the outcomes for the individual.

Parentification is also considered a form of child neglect. Emotional neglect takes place when the caregiver does not provide the child with the necessary emotional support, attachment relationship, and optimal psychological care for the child's development (Herman, 1992; Marotta, 2003). Parentification involves parents withdrawing the attention and care the child needs for their own adult needs. This situation makes it difficult for the child to experience a healthy attachment and individuation process (Hooper, 2007b). Considering the literature on neglect and mental health outcomes including PTSD and dissociative symptoms (Cicchetti, 2004; Kubiak, 2005; Widom, 1999), it is possible to consider parentification experience as potentially traumatic for the child.

Besides, according to Tedeschi and Calhoun (1995), parentification experience has some characteristics of a traumatic event. First, the experience of parentification can make the children feel like they have no control over the situation. Second, when the children have to experience parentification for the first time, they may not feel equipped to carry out these adult activities, depending on their age and level of development. Thirdly, the experience of parentification is known to have long-term effects on individuals (Boszormenyi-Nagy & Spark, 1973; Bowen, 1978; Chase, 1999; Hooper et al., 2011a; Jurkovic, 1997, 1998), which also

can be a feature of traumatic experience.

In summary, the phenomenon of parentification has been explained by different theorists, emphasizing its various aspects. These explanations can emphasize the characteristics of the role change in the family, how it affects the child's development, and its common aspects with emotional neglect as a traumatic experience.

2.1.1. Parentification in Family System Theories

Systemic theories view the family as a system and a whole greater than the sum of its constituents (Watzlawick et al., 1967). Based on general systems theory (von Bertalanffy, 1968), individual's behavior is viewed in relation to others and the focus shift from the individual to a broader system of relationships. Besides, family system theorists regard the family system as an organism that stabilizes itself by an organic and dynamic process and cannot be controlled by an outsider, based on cybernetic systems theory (Bateson, 1972). In this respect, the systemic perspective has some basic assumptions. It emphasizes that a single person cannot manage all the family's interaction patterns. Where this perspective brings us is that no single person can be held responsible for family problems. The symptoms that appear in the family are accepted as the consequences of the interactional patterns in the family. Therefore, the apparent symptoms cannot be evaluated completely independent of the system despite individual characteristics and tendencies. It argues that all behaviors, including undesirable symptoms, serve a purpose for the system, and this purpose is to maintain or recover the homeostasis of the system (Boscolo et al., 1987; Haley, 1976; Madanes, 1981; Watzlawick et al., 1974).

Different family system theorists have focused on different concepts to

understand the family system and how it works. For instance, structural family therapy (Minuchin & Fishman, 1981) tries to find out the family structure to understand the family system and resolve the individual's personal problems. For this, it obtains a map of the family structure by evaluating boundaries (clear, enmeshment, or rigid), hierarchy, and family subsystems (i.e., parent-child, siblings, couple). Structural family therapists believe that boundaries and hierarchy must be organized well in the family to function healthily. As another example, intergenerational family therapy is based on psychoanalytic principles. Bowen (1978) suggested that the family should be considered an 'emotional unit' rather than focusing on the individual problem. He also underlined the role of intergenerational transmission in understanding the problem. He mentioned the importance of balancing individuality and interdependence in family relations with an appropriate level of differentiation (Kerr & Bowen, 1988).

In the meantime, a variety of systemic theories (i.e., structural, Bowenian, or contextual) focus on distinct components of parentification such as emotions, behaviors, or both. Still, the majority of parentification descriptions find some common ground. They especially describe a *role reversal* in the parent-child relationship and a breakdown in generational boundaries (Boszormenyi- Nagy & Spark, 1973; Chase, 1999; Jurkovic, 1998; Minuchin et al., 1967). Accordingly, the concept of *boundary dissolution* is associated with the phenomenon of parentification (Shaffer & Sroufe, 2005; Sroufe & Fleeson, 1988). Parentification is evaluated as a kind of boundary dissolution and featured by deformation or a reversal in the parent-child roles (Shaffer & Sroufe, 2005). Family members may have certain roles as a necessity of the natural structure of the family system.

Accordingly, these specific roles must be allocated between parents and children in the family with normative and definitive rules. When these norms are violated, boundary dissolution comes into question (Minuchin, 1988). Accordingly, the phenomenon of parentification is related to the functioning of these specific roles within the family. It refers to an outcome of a lack of boundaries in the family structure (Boszormenyi-Nagy & Spark, 1973).

Along the lines of these definitions, Minuchin et al. (1967) described parentification as an exchange of instrumental roles or emotional caregiving between the parents and children, the way in which the child undertakes caregiving behaviors that actually belong to the parent. In such a situation where the child is responsible for meeting the parent's needs, the typical boundaries expected in the parent-child relationship cannot be maintained as it is supposed to be (Kerig, 2005). An improper matching up with parental roles in family subsystems may catalyze parentification (Minuchin, 1974). Such families are most likely seen with distorted, rigid, or nonexistent boundaries and termed "enmeshed families" by Minuchin et al. (1967).

According to family systems theories, the parentified child reduces stress in the family (Bowen, 1978; Jurkovic & Casey, 2000; Minuchin et al., 1967). The function of role reversal in parentification becomes meeting the needs of the family system (Boszormenyi-Nagy & Spark, 1973; Chase, 1999; Jurkovic, 1998; Minuchin et al., 1967). Along with parentification, the parent is relieved of certain responsibilities and stress, and the parentified child may feel accomplished, realizing that the anxiety in the family has calmed down. Thus, the child has an adaptive function of sustaining the equilibrium within the family (Minuchin et al., 1967). Besides this, parentification was evaluated as an attempt to reconstruct one's past

relationship with parents through one's child. According to the authors, the parental role of the child fills a void left by the previous generation (Boszormenyi-Nagy & Spark, 1973). As such, the intergenerational transmission of parentification was emphasized.

Murray Bowen (1978) described parentification as a way of reflecting the family's unmanaged and unsettled anxiety to the child. Bowen (1978) asserted that the degree of parentification of a child was directly proportional to the amount of conflict between married spouses. The displacement of unrelieved anxiety between the couple might be projected through the "use" or "triangulation" of the child. In such families, the pathological involvement of the child becomes necessary for the endurance of the marital relationship and the functioning of the family system. Bowen believed that when the child has an innate sensitivity, the possibility of the child being exposed to marital projections increases. He called these children "the focused-upon child" (Kerr, 1981).

In parentification, parents may have attitudes that help maintain family homeostasis, since parents can create an environment that fosters children's caregiving behaviors (Boszormenyi-Nagy & Spark, 1973; Minuchin et al., 1967). Shaffer and Sroufe (2005) argue that such a boundary dissolution may have two important outcomes for the child. First, parents expect the child to demonstrate some emotional and cognitive skills that the child still needs to develop. Another is that because the child does not have a parent who fulfills the expected parental roles, they lose their primary models to gain emotional and cognitive maturity. On the other side, the child may tend to hold on to the caregiving role to cope with the difficulties in the family (East, 2010). Besides this, parentified children can feel a sense of

power, mattering, and contribution by assuming these roles (Burton, 2007; Parys et al., 2015).

2.1.2. The Types of Parentification

Parentification can be classified into emotional and instrumental parentification, considering the content of parental roles undertaken by the child (Hooper, 2007b; Jurkovic, 1997; Minuchin et al., 1967). Instrumental parentification requires the child to take responsibility for adult roles like cleaning the house, cooking, taking care of the siblings, buying groceries, and making money for family needs. Emotional parentification refers to taking care of the emotional needs of the parents or siblings. It may involve soothing affectivity, calming family conflicts, providing peace, and taking obligatory roles such as arbitrating between the parents or keeping secrets (Jurkovic, 1997).

Numerous studies indicated that being an emotional caregiver leads to more harmful consequences than dealing with instrumental tasks (Champion et al., 2009; Hooper et al., 2008; Jurkovic, 1997). Regarding emotional parentification, Bowen (1978) indicated that while the parent is not emotionally available to the child, the child must be available to the parent. This situation may cause chronic anxiety and distress in emotionally parentified children. Although instrumental parentification might be less harmful of the two types, it may predict some maladaptive consequences when the child's duties or tasks are undefined and indefinite (Jurkovic, 1997). Therefore, rather than the type of parental roles, the level of these roles might be more determinative for the level of distress that the child may experience.

2.1.3. Precursor Risks for Parentification

Firstly, several demographics (i.e., gender, birth order, low SES) have been

identified as risk factors in the literature. Concerning gender, we have mixed findings. Females were more likely to experience parentification than males (Burnett et al., 2006). In congruent with this, Aldridge (2006) indicated that the probability of experiencing parentification may increase with the child being a girl and having a mother with illness, being single, or unemployed. However, in the study of McMahon and Luthar (2007) with a sample of 356 children of families living in urban poverty, there was no consistent finding that girls do more housework than boys or that the types of tasks differ between the sexes. Also, in the same study, only children were more often to provide emotional support to their mothers, while the eldest children were found to have more responsibility for household chores. Besides, a low level of socioeconomic status during childhood was also found to be a risk factor for being burdened by caregiving responsibilities (Meier et al., 2014). The reason for this suggested to be that parents in low-income families have a lot of work and other duties to fulfill, which leaves them with limited time and resources to take care of their children. According to Burton (2007), families with low SES may need more than one source of income for their living costs. Thus, the care of the child can be left to the eldest sibling in the family. In addition, because of the economic burden on the family, parents may be unable to fulfill their traditional roles due to financial difficulties and need to receive both emotional and financial support from their children.

Secondly, various studies show that certain conditions in the family can create a riskier environment for childhood parentification. Several familial circumstances have been addressed as risk factors in the parentification literature (such as a physical or mental illness of the parent, marital conflict, divorce, parental

substance abuse, parental alcoholism, the immigration of the family, and having a sibling with special needs). The following section summarizes how they relate to parentification, briefly mentioning each.

Barnett and Parker (1998) stated that in the presence of a parent with a physical illness or mental disorder in the family, the child undertakes emotional and physical caregiving behaviors more frequently. For instance, several qualitative studies have reported the experiences in the context of parentification of a child growing up with a depressed parent. One of the main themes was the sensitivity and caregiving of the child. The children were inclined to worry about their parent's emotional well-being and feel overly responsible towards the family (Aldridge, 2006; Knutsson-Medin et al., 2007). Also, the children in these families were sensitive to the behavioral signs of the parent to look out for their parents (Pölkki et al., 2004).

Specifically, the theoretical assumptions and qualitative research has represented parentification as a common phenomenon in families with parental chronic illness (Chen & Panebianco, 2020). Besides, a quantitative study was built on self-report questionnaire data with four groups of Australian children from a community sample composed of 2429 youth aged 9–20. The study concluded that the presence of chronic disease in the family intensifies the caregiving experience of young people. A severe illness in the family, particularly in a parent, has more effects on youth caregiving than healthy families. These effects were not fully explained by the type of medical condition, demographics, or caregiving tasks (Pakenham & Cox, 2012). Herewith, the child's caregiving role becomes one of the defining characteristics of the child's identity in the family (Byng-Hall, 2008). In

addition, Stein et al. (1999) studied families and adolescents whose parents had HIV/AIDS and reported that as the severity of the parent's illness increased, the adolescents' caregiving behavior toward the parent and siblings increased.

Also, parentification has been associated with parental substance abuse (Chase et al., 1998), parental alcoholism (Chase et al., 1998; Kelley et al., 2007), and parental workaholism (Carrol & Robin, 2000). When the family focuses on the substance-abusive parent, where one parent is unavailable due to substance use and the other parent, if any, is taking care of the abusive parent, the child's physical and emotional needs may be unfulfilled. Along with it, the child may have to take on some adult roles (Kelley et al., 2007). The qualitative study by Tedgård et al. (2019) revealed that most of the participants raised by substance-abusive parents portrayed their childhood in the adult roles they took on (i.e., looking after, taking care of, forgiving the parent, and being a parent to themselves). In addition, these individuals felt that their parents' needs were prioritized over their childhood needs.

Similarly, parents' alcohol abuse may build a family system providing a basis for childhood parentification. Carroll and Robinson (2000) have researched childhood parentification in adult children of alcoholic or workaholic parents by comparing the scores obtained from different groups of participants. As reported in the study, adult children of workaholics and adult children of alcoholics had significantly higher scores in the parentification measure compared to the comparison group, including participants who had no workaholic or alcoholic parent.

Parental divorce has accounted for another risk factor for parentification (Jurkovic et al., 2007). As mentioned before, Bowen (1978) argued that the anxiety between the couple is projected onto the child through triangulation, and the degree

of the child's parentification experience is proportional to the intensity of conflict in the marital relationship. In support of this argument, a study by Young and Ehrenberg (2007) compared young adults with divorced parents to other young adults without divorced parents. The authors concluded that those from divorced families stated that they were more exposed to marital conflict in childhood and were triangulated by their parents more frequently. In addition, Jurkovic et al. (2001) reported that young adults whose parents divorced before middle adolescence scored higher on instrumental and emotional parentification than their peers from non-divorced families.

Besides, immigration has also been one of the risk factors associated with parentification. Issues such as the transition process of moving to a new residence, language problems, separation of family members, unemployment, and financial difficulties may lead the child to assume some adult roles in the family (Jurkovic et al., 2004). The study of Oznobishin and Kurman (2009) supported that immigrant young adults and adolescents undertake more parental and filial responsibilities compared to their nonimmigrant peers. Similarly, Walsh et al. (2006) searched for spousal role-taking levels of adolescents from immigrant and nonimmigrant families. They concluded that immigrant adolescents reported higher levels of spousification than nonimmigrant Israeli adolescents. Spousification was addressed as the most destructive form of parentification and defined as assigning the role of the marriage partner to the child and making the child a part of the marital problems (Sroufe & Ward, 1980).

Finally, if there is a child with a special need or disability in the family, the typically developing child may have to take on some responsibilities in the family

(Hooper et al., 2011a). In the qualitative study conducted in Turkey by Hanöz (2022), the emerging themes indicated that young adults with typical development having a sibling with special need experience sibling and parent-focused parentification. Participants expressed the perceived benefits of parentification, such as a strong sibling relationship and establishing special communication with their siblings. They also reported the challenging parts for them, like abandoning their own needs. Also, the study by Arıkan Çolak (2019) presented that typically developing participants who have siblings with special needs scored higher on sibling-focused parentification and lowered on the perceived benefits of parentification.

In conclusion, from the perspective of the family system theories, these familial stressors may impair the family system's functionality and be the basis for parentification. Considering the familial situations that pave the way for parentification, they can be a source of intense stress for the family. As mentioned before and remarked by earlier theorists, the parentified child decreases the stress in the family by fulfilling adult roles to sustain equilibrium within the family (Boszormenyi-Nagy & Spark, 1973; Bowen, 1978; Jurkovic & Casey, 2000).

2.1.4. Dichotomous Outcomes of Parentification

According to previous studies, experiencing parentification can be very stressful for some but not so much for others. It may not be entirely associated with destructive or constructive outcomes in all cases (Aldridge, 2006; Jurkovic, 1997). Regarding constructive parentification, the child may feel empowered and responsible for their caregiving role. In destructive parentification, children take on parental duties in an environment where their developmental needs are not met

(Jurkovic, 1997). Boszormenyi-Nagy and Spark (1973) also stated that parental roles could teach the child to take responsibility; however, it can also be the basis of psychopathology when the parental role becomes the child's usual practice.

Moreover, parentification may also be a traumatic experience, considering that it may involve chronic anxiety and emotional neglect since the child's needs are not met by the attachment figures (Hooper, 2007b). Still, parentification may also be related to positive psychological outcomes, just as trauma may result in growth in some cases (Calhaun & Tedeschi, 2014; Chopko et al., 2019). As indicated by Hooper et al. (2008), the literature focuses more on parentification's adverse and pathological outcomes while it may also have adaptive outcomes (Hooper et al., 2008). Later research has generated curiosity about whether parentification can have two-sided consequences and foster certain competencies in children (Gladstone, 2006; Hooper, 2007b; Hooper et al., 2008; Tompkins, 2007).

Concerning adaptive outcomes of parentification, studies have reported that children may develop interpersonal competence (Thirkield, 2002), parent-child intimacy (Tompkins, 2007), better-coping skills (Stein et al., 2007), post-traumatic growth (Hooper, 2008), and strong communication with siblings (Hanöz, 2022). Thirkield (2002) indicated a positive association between instrumental parentification and interpersonal competence in adulthood. In the study of Tompkins (2007), intimacy in the parent-child relationship and adjustment to the parent's medical condition was reported as the positive outcomes of taking on parental roles. Also, Stein et al. (2007) conducted a 6-year follow-up study with racial minority adolescents whose parents have HIV/AIDS and concluded that they have more adaptive coping skills and reduced substance use. Additionally, Hooper et al. (2008)

studied a sample of college students with a childhood history of instrumental and emotional parentification. While resilience was found to be the best predictor of growth, when parentification was involved in the model, the authors reported a mild level of post-traumatic growth. *Post-traumatic growth* was defined as benefiting from a stressful life experience and implying these benefits to new experiences as a consequence of more improved functioning (Tedeschi et al., 1998). Lastly, the studies reported that normative levels of caregiving supported by parent-child cohesion result in a sense of purpose, belonging, and connection to the family in adolescents (Fuligni et al., 2005; Telzer & Fuligni, 2009). This sense of purpose and belonging may help the adolescent cope with the difficulties of providing support and assistance to the family (Fuligni et al., 2005).

With regard to maladaptive outcomes of parentification, parentification has been correlated with restricted identity development (Fullinwider-Bush & Jacobvitz, 1993), narcissistic and masochistic personality characteristics (Jones & Wells, 1996), substance misuse (Stein et al., 1999), eating disorders (Rowa et al., 2001), reduced life satisfaction, psychological distress, depression, and anxiety symptoms (Burton, 2007; Hooper et al., 2008; Hooper & Wallace, 2010). The role reversal in parentification inhibits the child's development because of increased feelings of failure, guilt, and decreased self-esteem (West & Keller, 1991). The authors note that the parentified child must offer support rather than ask for care and comfort to establish and maintain closeness to the parent. They argue that with the emotional unavailability of the parent, the child experiences acute and chronic loss. The ability to seek care is suppressed while the need for care is unsoothed.

In addition, parentification has been linked with some negative feelings about

self, such as shame, inadequacy, and unworthiness (Wells & Jones, 2000). The authors argued that internalized unrealistic parental expectations could lead to feelings of shame. On the other hand, Hooper and Wallace (2010) made an important point by concluding that, of the three parentification dimensions (instrumental, emotional, perceived unfairness), only perceived unfairness was found to be a significant predictor of mental health problems. Together with this finding, they showed that rather than experiencing parentification, how the person perceives this experience is a significant factor.

The psychosocial outcomes for parentified siblings also appear complicated. Tomeny et al. (2017) reported that sibling-focused parentification was related to more positive interactions in the sibling relationship. The studies also reported that sibling-focused parentification was associated with increasing shared experiences (Whiteman et al., 2007), problem-solving skills (Smith & Ross, 2007), and constructive activities among siblings (Tucker et al., 2008). On the other hand, Hooper et al. (2011b) concluded strong positive associations between parentification and psychological distress. Still, individuals parentified toward their siblings had fewer adverse outcomes than individuals parentified toward their parents. Thus, the degree of damage related to parentification may depend on who is cared for, in addition to the level and perception of parentification.

Besides, the authors have suggested that how parentification is perceived can influence its outcomes in later life, and perceiving parentification as unfair or beneficial may impact the course of parentification (Jurkovic, 1997, 1998; Hooper & Wallace, 2010). Congruently, the level of perceived benefits from parentification was found to be negatively associated with psychological problems (Hooper et al.,

2011b; Karataş, 2020; Köyden, 2015; Köyden & Uluç, 2018). Therefore, the changing parentification outcomes makes it important to understand which factors may be related to this differentiation. In the next section, findings on various variables examined in this direction were compiled.

2.1.5. Mediating and Moderating Factors Related to Parentification

As mentioned before, the previous studies have demonstrated differential outcomes in terms of parentification. Therefore, as research has discovered that parentification is associated with two-way outcomes, it gained importance to understand which variables might influence this relationship (Jankowski et al., 2013). In this respect, various variables acting as mediators or moderators in the relationship between parentification and later outcomes have been addressed in the literature.

According to Hayes (2013), mediating variables provide information on how an independent variable affects a dependent variable. In the mediation model, the variation in the independent variable results in a variation in the mediator variable, while the variation in the mediator variable leads to a variation in the dependent variable. The moderation model informs us about how the independent variable causes a variation in the dependent variable. Moderating variables affect the direction and magnitude of the relationship between independent and dependent variables.

In theorizing on the differential consequences of parentification, several context variables (i.e., age, gender, duration, frequency) have been identified in the literature. Regarding gender, mixed findings have been reported. It was reported that females had a higher risk of destructive outcomes due to parentification than males

(Burt, 1992; Chase, 1999; Jurkovic, 1997). On the other hand, Diaz et al. (2007) reported parentified males to have worse academic outcomes than parentified females in a sample of young Latino caregivers. Also, Kuperminc et al. (2009) concluded that there is no difference between genders in later outcomes in a sample of Latino adolescents from immigrant families.

Hooper (2007b) suggested that the outcomes experienced by parentified individuals may differ according to the age at which the child begins to engage in parentification. A study by Jurkovic and Thirkield (1998) showed that children parentified at a younger age had lower academic achievement than their non-parentified peers. However, there is another suggestion in the literature that children who assume the parental role at a later age are more likely to experience adverse consequences (Hooper et al., 2011a). Therefore, more research might help to better understand the specific mechanisms influencing the later effects of parentification.

Also, it was proposed by Hooper (2007b) that the duration and frequency of parentification experience could impact the course of symptoms. Accordingly, the research indicated that child caregiving for longer periods was related to higher ratings of depressive symptoms (Shifren & Kachorek, 2003). Also, increased adult role-taking was associated with more emotional stress (Stein et al., 1999). However, it is recommended to replicate these findings in the presence of other explanatory variables (Williams, 2015).

Besides these, since normative levels of parentification tasks could differ across cultures, considering cultural context can be important while researching parentification outcomes. It has been suggested that the culture's normative expectations of children may determine the consequences of parentification (Hooper,

2011b). For instance, Jurkovic et al. (2001) reported that African American participants had higher ratings of instrumental parentification in their childhood compared to European American participants in a sample of young adults. In this respect, the consistency of the content and degree of adult roles expected of the child with cultural norms might be significant.

One of the studies investigating what might influence the relationship between parentification and mental health outcomes is the study conducted by William and Francis (2010). The researchers searched for the moderator role of locus of control in the association between parentification and psychological adjustment in an undergraduate sample. *Locus of control* is defined as a coping resource related to how much individuals feel that their actions can influence events and the consequences of events (Rotter, 1966). In this study, internal locus of control significantly moderated the association between parentification and current psychological adjustment (ratings of depression and happiness) and had a protective quality against a history of parentification. Their study results concluded that internal locus of control might be one of the variables contributing to varying outcomes of parentification.

Studies also have investigated how social support influences the results of caregiving behavior. The previous research on child maltreatment highlighted the existence of a caring adult for the child's resilient functioning (Masten, 2007). Hooper (2007b) indicated that adult support might also impact changeable outcomes of parentification. In a study with an adolescent sample who had parents with a disability or illness, the strongest predictor of life satisfaction was found to be social support. Higher levels of life satisfaction and lower levels of distress were reported

in the presence of social support (Pakenham et al., 2007). Tomeny et al. (2017) conducted a study on the parentification of individuals who were typically developed and had siblings with autism spectrum disorder. The researchers investigated the moderator role of social support on the relationship between parentification and distress. According to the study results, typically developing adult siblings with higher ratings of childhood parentification and lower ratings of current social support were more likely to score higher on the distress measure.

In the relationship between parentification and psychosocial adjustment, perceived unfairness in the family was specified as a mediator and moderator. Perceived unfairness is related to given caregiving tasks not approved or reciprocated by the family members (Jurkovic et al., 2001b). In an undergraduate sample, Jankowski et al. (2013) reported perceived unfairness as a mediator in the relationship between parentification and mental health problems such as depressive symptoms and psychological distress. In addition, perceived unfairness was investigated as a moderator in a sample of adolescents from immigrant families. When adolescents perceived family relations as fair, their levels of impulse control were predicted to be higher. However, higher levels of parentification predicted lower levels of behavioral restraint when adolescents perceived the familial environment as unfair (Kuperminic et al., 2009).

Besides, differentiation of self has been studied as a mediator in the relevant literature. Mixed results have been reported in these studies. The study of Jankowski et al. (2013) concluded that differentiation of self mediated the relationship between perceived unfairness and mental health symptoms in college students. Specifically, greater levels of parentification correlated to increased perceived unfairness, which

correlated to lower levels of differentiation. Later, decreased differentiation correlated to more mental health problems. However, the authors observed a non-significant specific indirect effect between parentification and psychological symptoms with differentiation as the mediator.

On the contrary, Lee and Kim (2019) stated that in the relationship between parentification and mental health symptoms (depression and anxiety), self-differentiation had a full mediation effect in children from multicultural families and a partial mediation effect in children from monocultural families. Also, in a sample of Turkish college students, Karataş (2020) revealed a partial mediating role of differentiation in the relationship between parent-focused parentification and anxiety and stress. The same study also reported a complete mediating role of differentiation in the relationship between sibling-focused parentification and depression and stress. As can be seen, DoS has been examined as a mediator in the previous literature, including various outcomes. In this study, it is a matter of curiosity whether DoS has an impact on parentification outputs as a moderator.

2.2. Differentiation of Self (DoS)

Differentiation of self is one of the cornerstone concepts of Bowen Family System Theory (Bowen, 1978). Friedman (1991) described *differentiation* as a lifelong effort to keep one's being in balance and as a matter of self-identification and self-regulation by means of the reciprocal external and internal processes. Consistent with this definition, the concept of differentiation of the self includes both intrapersonal processes and interpersonal processes, considering that these two operate in an interrelated way (Kerr & Bowen, 1988).

At the intrapersonal level, one is expected to balance emotional and

intellectual functioning when differentiated from others, which includes being aware of feelings and thoughts, the ability to differentiate emotional processes from intellectual ones, and deciding goal-directed actions instead of feeling-directed actions. Regarding the interpersonal level, an adequate level of differentiation requires being independent of significant others while maintaining a certain level of commitment to them, and balancing togetherness and individuality in the family of origin relationships (Kerr & Bowen, 1988). Considering that differentiation of self refers to coping mechanism and emotion regulation capacity, well-differentiated individuals are expected to give more direct and objective responses to stressful interactions in their intimate relationships (Murdock & Gore, 2004).

The central hypothesis of Bowen was that although we have the cognitive skills to make rational choices, we are emotional beings who can act reactively and instinctively. Especially in situations with intense emotions, the capability to determine how to react is essentially linked to how much individuals are 'differentiated' from the predominant emotional state of the family of origin (Holman & Busby, 2011). Here, what is important is the degree to which the individual can differentiate. Thus, it contains a continuum perspective rather than having all or nothing. Thereby, highly differentiated individuals are expected to be capable of connecting with others while sustaining a separate self, being more flexible and adaptable, having more emotional independence, and making more reasonable decisions (Bowen, 1978; Kerr & Bowen, 1988).

An individual's level of differentiation is affected by the general level of differentiation in the family of origin and the individual's roles in the family. Thus, for example, a child more involved in family conflicts is assumed to have a low level

of differentiation. Consequently, a lower level of differentiation is allied with a higher level of personal and relational anxiety (Kerr & Bowen, 1988).

Bowen (1978) also proposed a concept called the *family projection process*, defined as a process in which parents project their insufficient maturity and differentiation on their children. He stated that these projections appear under the influence of the patterns in the parents' own families of origin, corresponding to similar dynamics such as triangulation, distancing, and fusion. Also, he attached that undifferentiated families were likely to be *fused*, have emotional dysfunctions, and project the problems onto children. The boundary dissolution (Minuchin et al., 1967; Shaffer & Sroufe, 2005; Sroufe & Fleeson, 1988) may also come to mind here, which has been associated with the case of parentification. Similarly, in Bowen's explanation, it may be stated that there are *enmeshed* relations and boundaries in undifferentiated families, which would be related to parentification.

2.2.1. DoS and Parentification

As for the research literature, parentification adversely affects childhood development, becoming grounds for poor relationship skills, attachment problems, and insufficient differentiation of self from the family in childhood and later in adulthood (Chase, 1999; Jurkovic et al., 2001; West & Keller, 1991). Olson and Gariti (1993) also concluded that parentification could hinder building relationships, being separated from the family, and acting age-appropriately. As previously referenced, differentiation may mediate between parentification and psychological health (Jankowski et al., 2013; Karataş, 2020).

Lee and Kim (2019) investigated the relationship between individuals' general level of parentification and self-differentiation in different samples. Lee and

Kim (2019) also reported a significant negative relationship between parentification and differentiation of children raised in multicultural families. In addition, Jankowski et al. (2013) indicated significant negative relationships between parentification (both emotional and instrumental) and self-differentiation. Moreover, Perrin et al. (2013) concluded that individuals with low DoS were more likely to be involved in unhealthy relationships with one or both parents to fulfill their demands to resolve conflicts between parents. Therefore, as the level of DoS increases, the dysfunctional relationship patterns with parents, such as parentification, might decrease.

While the general level of parentification and DoS have been investigated together, little research specifically focuses on the relationship between sibling-focused parentification and differentiation. In a study by Karataş (2020), there was a significant negative relationship between self-differentiation and sibling-focused parentification. In this study, DoS fully mediated the relationship between sibling-focused parentification and depression and stress. Also, it partially mediated the relationship between sibling-focused parentification and anxiety. Therefore, as the DoS increases, it can be thought that parentification will decrease in relations with siblings, as in relations with parents. Nevertheless, it can be said that there is room for more research about sibling-focused parentification and differentiation.

It is also possible to discuss the interaction between DoS and parentification from a positive point of view. As indicated earlier, Bowen (1978) conceptualized DoS as a process of individuation with a clear sense of self in the face of stressful life events and relationships. Hooper et al. (2008) proposed that as children can develop attachment through their parental roles, they might have similar potential to

develop individuation. If the parentified child develops autonomy and competence while handling parental tasks in the family, parentification could also provide a basis for an acceptable level of differentiation and individuation. According to a study by Williams (2015), the most commonly reported benefits by participants with a parentification history were self-sufficiency and independence. These individuals stated that they felt more competent and independent in handling physical tasks and decision-making as they gained skills from parentification. In conclusion, parentification, which has varied outcomes in terms of mental health symptoms, may also result in different scenarios in terms of differentiation. In this regard, more empirical findings are needed.

2.3. Psychological Distress

Psychological distress has been defined as a state of emotional suffering identified with symptoms of depression and anxiety. Thus, it is defined as a state of mental distress that may be accompanied by major depression and anxiety symptoms such as restlessness, feeling of tension, loss of interest, sadness, and hopelessness (Drapeau et al., 2012; Horwitz, 2002). Psychological distress is also considered one of the most important mental health indicators in monitoring the tendency towards common psychological disorders such as depression and anxiety (Anderson et al., 2013; Bougie et al., 2016; Drapeau et al., 2012; Easton et al., 2017). Also, psychological distress can affect individuals' social functioning and daily life (Wheaton, 2007). Besides, distress is a diagnostic criterion for some psychiatric disorders such as obsessive-compulsive disorders, post-traumatic stress disorder, major depression, and generalized anxiety disorder (Drapeu et al., 2012).

Stress-related factors, several sociodemographic variables, and the lack of

inner and external resources could be risk factors for psychological distress. Being a woman, being single, having children under the age of 18, low education level, unemployment, low socioeconomic status and income, and ethnicity are the sociodemographic variables indicated to increase the risk of developing psychological distress (Drapeu et al., 2012).

Consequently, psychological distress refers to a more general concept of mental state and non-specific symptoms of stress, anxiety, and depression. As a study with a theoretical background based on systemic approach and considering some recent literature discussing the differential-diagnostic confusion and non-specificity of affective symptoms (Mølstrøm et al., 2020), we preferred to examine participants' level of psychological distress rather than dealing with diagnoses of major depression or anxiety disorders from a pathological perspective.

2.3.1. Psychological Distress and Parentification

In studies investigating the association between parentification history and adult psychopathology, parentification was handled as an important risk factor for mental health problems (Jacobvitz & Bush, 1996; Hooper et al., 2011a; Jurkovic, 1997, 1998; Katz et al., 2009; Shifren & Kachorek, 2003). Research indicated that parentification could be related to depression, anxiety, and emotional distress. A sample of college students who self-reported a history of childhood parentification has been rated higher depressive and anxiety symptoms while reporting fewer levels of happiness (Hooper & Wallace, 2010; Williams & Francis, 2010). In congruent, adolescents with higher ratings of parentification had more internalizing and externalizing behavioral problems, as measured by self-report ratings (Peris et al., 2008). Another research also indicated that child caregiving for more prolonged

periods was related to higher ratings of depressive symptoms (Shifren & Kachorek, 2003), and increased adult role-taking was associated with more emotional stress (Stein et al., 1999).

More recently, Chen and Panebianco (2020) studied adolescents whose parents had a chronic physical illness. This study revealed that adolescents' domestic responsibilities were not related to the level of psychological distress, but higher levels of emotional parentification were associated with their distress level. Before, Hooper et al. (2008) concluded that emotional parentification was a significant predictor of emotional distress in a non-clinical sample of college students.

In a study conducted with Turkish undergraduate students, for female participants, parent-focused parentification was more influential and predicted obsessive beliefs. Sibling-focused parentification was more effective for males and made it challenging to regulate anger. Additionally, perceived benefits from parentification were found to be protective against depression, anxiety, and anger dimensions (Köyden, 2015). In another study with a Turkish sample, anxiety and stress levels of college students were found to increase as the level of parentification towards parents and siblings increased. However, when their perceived benefits from parentification increased, the ratings of anxiety, depression, and stress symptoms decreased (Karataş & Gündüz, 2021).

The studies investigating the association between sibling-focused parentification and mental health outcomes have reported diverse findings. According to Hooper et al. (2011b), individuals parentified toward their siblings had fewer adverse outcomes than individuals parentified toward their parents. Köyden and Uluç (2018) concluded significant positive relationships between females'

sibling-focused parentification and their anxiety and depression levels. Also, a significant positive relationship was reported between male sibling-focused parentification and anxiety. In addition, Arıkan Çolak (2019) stated that sibling-focused parentification was not significantly related to depression and anxiety in individuals with healthy siblings. However, significant positive relationships were found between sibling-focused parentification and depression and anxiety in individuals who have siblings with special needs. Therefore, it seems possible that the level of psychological distress experienced by parentified individuals may vary depending on the familial conditions and the recipient of caregiving.

2.3.2. *Psychological Distress and DoS*

Differentiation of self was interpreted as a significant factor in psychosocial health. Kerr and Bowen (1988) stated that individuals with a higher level of differentiation might be more resistant to the harmful effects of stress, while individuals with a low level of differentiation might be more vulnerable to the adverse consequences of stress. In line with this, Bowen (1978) theorized that DoS might moderate the relationship between distress and dysfunction. Later, the study of Murdock and Gore (2004) supported this assumption. The researchers reported that DoS interacted with stress levels while producing an impact on psychosocial functioning. Perceived stress, DoS, and their interaction were significant predictors of psychological distress. In other words, individuals with lowered differentiation and higher stress levels had significantly lower levels of psychological functioning when compared to well-differentiated counterparts with similar stress levels. The previous research also indicated a reversed association between DoS and psychological distress; increased levels of DoS were correlated with decreased

psychological symptoms compared to those with lower ratings of differentiation (Skowron & Friedlander, 1998; Tuason & Friedlander, 2000).

In a sample of college students, DoS, perceived stress, and emotional support were examined as predictors of psychological distress. DoS was found to partially mediate the impact of perceived stress on psychological distress and the relationship between actual and perceived stress. Also, a partial mediating role of perceived stress was reported in the relationship between DoS and psychological distress (Krycak et al., 2012). In another sample of Spanish adults, participants with decreased DoS were more likely to have symptoms of depression and anxiety and physical problems such as cancer, blood disorders, and heart disease. The authors measured stress as perceived adversity of stress in the past year and the number of stressful events one experienced throughout a lifetime. They found that DoS mediated between such stress and physical and psychological health. This study aimed to provide empirical evidence for correlations between DoS and functioning cross-culturally with a sample from a Mediterranean culture (Rodríguez-González et al., 2018).

In addition, a current study conducted with a Turkish sample concluded that DoS predicted the levels of stress and resilience. When differentiation increased, participants' perceived stress decreased, and their ratings on resilience increased (Süloğlu & Güler, 2021). Again, a Turkish study with a sample of college students concluded that the scores obtained from the sub-dimensions of differentiation measure (emotional responsiveness, emotional interruption, and ego position) were significant predictors of depression. In addition, the ratings of emotional reactivity, emotional interruption, and ego position sub-dimensions were significant predictors

of perceived stress. Lastly, the scores obtained from the sub-dimensions of emotional responsiveness, emotional interruption, and ego position were found to be significant predictors of trait anxiety (Hanımoğlu & Akbaş, 2018). Moreover, Lampis et al. (2020), in their study comparing a group receiving therapeutic service for anxiety disorders and a control group, reported that participants in the anxiety group had a significantly higher tendency for emotional cutoff (EC) or fusion with others (FO). It means that individuals in the anxiety group could be less flexible and balanced in the face of relational problems and social conflicts. They could adopt the other's values and attitudes to fulfill others' needs (FO) or need an emotional distance by rejecting emotional bonds with their significant others (EC) to manage relational anxiety.

Studies with different sample groups have also reported significant relationships between DoS and psychological symptoms. Murray et al. (2006) revealed significant negative relationships between self-differentiation and perceived stress in a sample of patients with fibromyalgia syndrome. In a study conducted with Turkish married individuals, significant negative relationships were found between self-differentiation and depression, anxiety, and stress (Polat & İlhan, 2018). All these findings suggested that as the level of DoS increased, individuals could be less affected by emotional crises and stress in the family (i.e., handling parental tasks, emotional neglect of parents), and in such cases, these well-differentiated individuals could experience lower levels of depression, anxiety, and psychological distress.

2.4. The Current Study

As summarized above, childhood parentification can be associated with adaptive or adverse outcomes in adult life. According to Barnett and Parker (1998), how individuals are affected by their parentification experiences is a complicated

issue. Differences in the outcomes could be due to age, gender, the availability of adult support, the intensity or duration of the parentification experience, the family reason for parentification, perceptions of being parentified, and the recipient of care (parent or siblings).

While bimodal outcomes of parentification have been discussed, limited studies investigated the factors that may affect the association between parentification and its diverse consequences (Williams & Francis, 2010).

Accordingly, this study aimed to question whether different levels of DoS have any effect on the correlation between childhood parentification and later adjustment. DoS was treated as a moderating variable assumed to impact the association between parentification and psychological distress. In this way, it could enable us to see whether the differences in the relationship of parentification with adult mental health outcomes vary according to different DoS levels of individuals. Besides, it could reveal that the relationship between parentification and psychological outcomes differs in which levels of differentiation.

2.5. The Research Questions and Hypotheses of the Study

Within the scope of the current study, the following research questions and hypotheses were addressed.

RQ1: Does DoS have a significant moderating effect on the relationship between parent-focused parentification and psychological distress?

H1: DoS would moderate the relationship between parent-focused parentification and psychological distress, assuming that a high level of differentiation would have a protective effect on the interaction between parent-focused parentification and psychological distress. Thus, parent-focused parentification would be associated

with higher ratings of psychological distress in individuals with lower levels of DoS and lower ratings of psychological distress in individuals with higher levels of DoS. In other words, individuals may not experience high levels of psychological distress if they are sufficiently differentiated from their family of origin despite their parent-focused parentification experience.

RQ2: Does DoS have a significant moderating effect on the relationship between sibling-focused parentification and psychological distress?

H2: DoS would moderate the relationship between sibling-focused parentification and psychological distress, assuming that a high level of differentiation might have a protective effect on the interaction between sibling-focused parentification and psychological distress. Similarly, sibling-focused parentification would be associated with higher ratings of psychological distress in individuals with lower levels of DoS and lower ratings of psychological distress in individuals with higher levels of DoS.

RQ3: Does DoS have a significant moderating effect on the relationship between perceived benefits from parentification and psychological distress?

H3: DoS would moderate the relationship between perceived benefits and psychological distress, assuming that higher levels of DoS might strengthen the negative association between perceived benefits and psychological distress. In other words, if individuals have a sufficient level of differentiation, they may not experience their parentification tasks as stressful activities. Therefore, these individuals may develop more moderate reactions to parentification without perceiving their caregiving role as intense and exhausting. Thus, DoS would positively impact the relationship between perceived benefits and psychological distress.

CHAPTER 3

METHOD

3.1. Participants

In total, 768 individuals accessed the research questionnaire. A total of 257 participants were excluded from the dataset; 137 participants were removed because of not meeting the participation criteria (age, having a child, caregiving for a parent); 74 participants were removed due to not responding to any scale; 43 participants were removed due to only responding the demographic form; and 3 of them were removed due to being multivariate outliers. Therefore, data were obtained from a total of 475 people (315 females, 157 males, 1 non-binary, 2 others; $M_{\text{age}} = 29.72$, $SD = 5.19$). The participants of the study were adults over the age of 25. Age criteria were determined in the light of the Differentiation of Self Scale-Revised (DSI-R) since DSI-R has been developed for adults over 25 years of age (Işık & Bulduk, 2015; Skowron & Friedlander, 1998; Skowron & Schmitt, 2003). In our culture, this age period can coincide with a life stage where it is possible to graduate from college, live separately from family, and achieve economic independence. The possibility of differentiation in other areas may enable us to detect the emotional level of differentiation more accurately. In addition, the exclusionary criteria were having no children and not caring for a parent in the current situation. While determining this criterion, we aimed that the participant's score on the measurement of parentification should be affected only by childhood parentification experiences, not by a current parenting role.

3.2. Data Collection Procedure

After obtaining the ethical approval of the Institutional Review Board of

Özyeğin University, participants were selected through a chain-referral sampling method by announcing the study in e-mail groups and on social media platforms such as LinkedIn, Instagram, and WhatsApp. Participants were asked to answer scale questions online through Qualtrics. Firstly, the informed consent form was presented. The respondents were informed about the study details and voluntary participation. Only the participants who gave consent to participate in the study were presented with survey questions. In the demographic form, the questionnaires of the participants who stated that they have children or provide parental care were terminated. Then, the participants who met the criteria were offered the demographic information form, Parentification Inventory, Differentiation of Self Inventory-Revised (DSI-R), and Kessler Psychological Distress Scale (K10), respectively.

3.3. Measures

3.3.1. Demographic Information Form

In the Demographic Information Form, the participants answered questions about personal demographics such as gender, age, education, occupation, relationship status, whom they live with, and familial information. Family-related questions included the current status of the parents (alive/not alive; biological/stepfather; together/separate), the number of siblings, and the presence of physical or psychological problem in the family members. The relevant form is presented in Appendix A.

3.3.2. Parentification Inventory (PI)

Parentification Inventory (PI; Hooper, 2009) was developed to measure individuals' childhood parentification experiences. The respondents are expected to rate the items on a 5-point Likert scale (1: Never, 5: Always), considering their

childhood experiences in the family of origin. In the scale, there are a total of 22 items divided into three factors.

This measure did not make a distinction between emotional and instrumental parentification. It aims to measure parent- and sibling-focused parentification together with its total emotional and instrumental dimensions. One of the factors is Parent-Focused Parentification, including 12 items. A sample item is “I helped my parents make important decisions.” The second factor is Sibling-Focused Parentification, measured by seven items. A sample item is “I was the primary person who disciplined my siblings.”. The final factor, called Perceived Benefits of Parentification, includes three items. This subscale measures the presence of positive thoughts and feelings towards parentification. “I really enjoyed my role in the family.” is one of the items. Higher scores on the scales reflect increased parentification experiences. The internal consistency coefficient of the scale was found to be .84 (Hooper et al., 2011b).

The Turkish adaptation study was carried out by Köyden (2015). In the Turkish version, since 3rd and 10th items did not fit into any of the factors, 20 items with the original factors were preserved. In the original version of the inventory, the items 4 and 9 in the Sibling-Focused Parentification subscale and the 8th item in the Parent-Focused Parentification subscale were loaded into the Perceived Benefit subscale in the Turkish version. Consequently, the first factor (parent-focused parentification) consisted of 9 items (2, 5, 12, 14, 16, 18, 19, 21, 22), the second factor (perceived benefits) consisted of 6 items (4, 7, 8, 9, 15, 20) and the last factor (sibling-focused parentification) consisted of 5 items (1, 6, 11, 13, 17). For the sample of Turkish college students, the internal consistency coefficients were .83 for

the parent-focused parentification subscale, .73 for the sibling-focused subscale, .76 for the perceived benefits subscale, and .82 for the total scale. In the present study, this scale was utilized to measure the retrospective parentification experiences of the adults. The Cronbach's alpha values were .87 for parent-focused parentification, .76 for sibling-focused parentification, .75 for perceived benefits of parentification in the present study.

3.3.3. Differentiation of Self Inventory-Revised (DSI-R)

Differentiation of Self Inventory (DSI) was firstly developed by Skowron and Friedlander (1988) and then revised by Skowron and Schmitt (2003) into DSI-R to measure the level of differentiation of self. The DSI-R originated with a sample of adults aged 25 years and older. It included 46 items rated on a 6-point Likert-type scale. The ratings range from 1 (not at all true for me) to 6 (very true of me). The DSI-R consisted of four subscales: emotional reactivity, emotional cut-off, fusion with others, and I-position. By structuring it in this way, it focuses on the individuals, their significant relationships, and current family of origin relationships. The scale included both intrapersonal and interpersonal dimensions consistent with Bowen's theory. The sample items are "I usually do what I believe is right regardless of what others say" and "I have difficulty expressing my feelings to people I care for". Emotional Reactivity (ER) subscale has 11 items and measures a person's oversensitivity, emotional exuberance, and fragility as a response to environmental stimulation. Emotional Cut-off (EC) subscale refers to the fear of intimacy and distancing in close relationships with its 12 items. "I" Position (IP) subscale includes 11 items and aims to address the ability to stay in connection with one's own opinions even if another is imposed by others. It is about whether a person's sense of

self is clearly defined. Lastly, the subscale of Fusion with Others (FO) intends to assess counting on others when making decisions, being emotionally overly involved with others, and over-identification with parental beliefs and expectations without questioning. Except for the "I" Position (IP) subscale, the items of the other subscales are reverse coded. Then, the overall score obtained from the subscales refers to individuals' total level of differentiation.

The DSI-R was adapted to Turkish by Işık and Bulduk in 2015 with a shortened version. The scale (DSI-T) consists of 20 items preserving the original subscale structure. Regarding internal consistency, Cronbach's alpha was .81 for the total scale (DSI-T) and ranged from .74 to .78 for the subscales. The test-retest reliability was satisfactory at 0.74. Higher scores obtained from the whole scale designate higher levels of DoS. Essentially, it is expected that the individuals who get low scores in ER, FO, and EC and high scores in IP have greater DoS. Since these four subscales constitute the construct of DoS, in the present study, the composite score on the DSI-T was utilized. The Cronbach's alpha value was .85 for the total scale in the present study. Since item 16 was found to be negatively related to the other items, it was excluded from the analyses.

3.3.4. Kessler Psychological Distress Scale (K10)

The original Kessler Psychological Distress Scale (K10) was developed by Kessler et al. (2003) at Harvard Medical School with the support of the US National Center for Health Statistics. K10 aimed to measure psychosocial distress, consisting of certain questions about individuals' levels of irritability, agitation, psychological fatigue, and depression over the past four weeks. K10 was formed as a brief measure of psychological distress and included ten questions with a 5-point rating scale. The

respondents are expected to rate their emotional state ranging from 1 (all of the time) to 5 (none of the time). In scoring, all items are reverse coded. The sum of item scores ranging from 10 to 50 reflects the level of psychological distress that the respondent feels in the last 30 days. Higher scores correspond to higher levels of psychological distress.

The Turkish adaptation, reliability, and validity study of K10 was performed by Altun et al. (2019). The internal consistency coefficient of the scale, which was evaluated with Cronbach's alpha coefficient, was found to be 0.95. The area under the ROC curve was 0.958. The Spearman-Brown two-half test reliability was found to be 0.93, and the test-retest correlation coefficient was 0.89. This scale was used in the current study to determine the current psychological distress level of individuals. The Cronbach's alpha value was .91 for the total scale in the present study.

3.4. Data Analytical Approach

3.4.1. Data Screening

Before the analyses, the data were checked for accuracy of data entry, missing values, univariate and multivariate outliers, and assumptions of multivariate analyses through the SPSS 27.0.1 program. Following the screening of item-level accuracy, composite scores for the DSI-R and K10, and subscale scores for the PI were calculated by summing up relevant items. Higher scores in the scales corresponded to higher levels in the related construct. The data of the participants who indicated that they did not have a sibling were not included in the sibling-focused parentification analyses. Therefore, all sibling-focused parentification analyses were conducted only with participants who have at least one sibling ($N=436$).

First, the accuracy of data entry was examined with the descriptive statistics. The means, standard deviations, maximum and minimum values were found normal. Then, reliability analyses were put into process to check item-total correlations. The Cronbach's alpha values were found to be acceptable for all scales used in the present study.

The missing value analysis for the relevant variables demonstrated that there was no missing value for parent-focused parentification, sibling-focused parentification, and perceived benefits of parentification. However, there were 13 missing values for DoS and 18 for psychological distress. To understand the mechanism of the missing data, The Little's (1988) MCAR (Missing Completely at Random) test showed that missing values were completely at random (MCAR), $\chi^2 = 7.35, p = .394$.

The univariate outliers were specified by obtaining Z-Scores. When a score exceeds the limits of 3.29, it is accepted as a potential outlier ($p < .001$, two-tailed) (Tabachnick et al., 2007). Accordingly, there was no outlier for parent-focused parentification and psychological distress. On the other hand, there were one outlier for perceived benefits, six outliers for sibling-focused parentification, and one outlier for differentiation of self. Afterwards, for the detection of multivariate outliers, Mahalanobis Distance was calculated. There were three multivariate outliers in above the χ^2 value of 16.27, $p < .001$ (Tabachnick et al., 2007). Therefore, these data points were eliminated from the dataset.

To check for multicollinearity among all variables, a bivariate correlation was conducted. It was observed that there was no multicollinearity because there was no correlation among the variables too high ($< .90$). In addition, according to the

regression analysis, there was no value of VIF (> 10) or Tolerance ($< .10$) out of the accepted range for multicollinearity (Pallant, 2016), (Parent-Focused Parentification, *Tolerance*= .67, *VIF*= 1.49; Sibling-Focused Parentification, *Tolerance*= .69, *VIF*= 1.46; Perceived Benefits, *Tolerance*= .88, *VIF*= 1.42, Differentiation of Self, *Tolerance*= .69, *VIF*= 1.46, Psychological Distress, *Tolerance*= .64, *VIF*= 1.56).

The normality assumption was evaluated using skewness and kurtosis tests. All variables fell within the acceptable range for normality, as shown in Table 2, according to the criteria of both existing in the range of +3 and -3 (Kline, 2011). The multivariate normality plot confirmed that the results were normal, but slightly positively skewed. The normal P-P Plot of regression standardized residual scatter plot indicated that the variables were linear. Additionally, the Standardized Regression Scatter plot revealed that the results were homogenous and homoscedastic.

3.4.2. Analytical Approach

First, the descriptive statistics for the study variables of parent-focused parentification, sibling-focused parentification, perceived benefits, self-differentiation, and psychological distress were calculated. Second, the results of Pearson bivariate correlations were reported. For the moderation model analysis, PROCESS v4.1 Macro tool was implemented in SPSS (Hayes, 2013). The participants who reported they were only children were excluded from sibling-focused parentification analyses ($N= 39$).

The previous research has been concluded that females were more at risk for experiencing parentification (Aldridge, 2006; Burnett et al., 2006; Burt, 1992; Chase, 1999; Jurkovic, 1997), anxiety, and depression (Gao et al., 2021; Kuehner, 2003;

Leach et al., 2008; Simonds & Whiffen, 2003; Spitzer et al., 2006). Regarding SES, it was reported that low SES could be a risk factor for parentification (Burton, 2007; Meier et al., 2014). In addition, some previous epidemiological studies have reported that low SES could increase the risk of mental disorders (Fryers et al., 2003; Lorant et al., 2003) and psychological distress (Drapeu et al., 2012; Lam et al., 2019). Therefore, in the moderation model, gender and the current SES were controlled, based on both past literature and current study findings.



CHAPTER 4

RESULTS

4.1. Preliminary Analyses

The data included a total of 475 participants (315 females, 157 males, 1 non-binary, 2 others; $M_{\text{age}} = 29.72$, $SD = 5.19$). Most of the participants had one or two siblings ($N = 351$). A total of 173 of the participants who have at least one sibling were the oldest children. Of these participants, 325 reported that they were single, 141 were married, and 9 were divorced. The majority of married individuals reported the length of their marriage between 2 and 5 years ($N = 47$), followed by the participants who stated that it is between 6 months and 2 years ($N = 44$). In the third place, 25 participants stated that the length of their marriage was between 0 and 6 months. The majority of the participants had a bachelor's degree ($N = 291$) or a master's degree ($N = 133$). While the majority of the participants stated that their parents remained together ($N = 429$), 46 of them stated that their parents were separated or divorced. Regarding social support received from the environment while growing up in childhood, 273 participants stated that their parents did not receive any support for childcare. Other participants stated that their parents received support from extended family, relatives, neighbors, or nurseries. In the SES item, graded between 0 and 10, the average SES value of the participants in their childhood was 7.19, while the average SES value in the current situation was 8.17. According to the descriptive statistics, 46 respondents reported that they have a physical health problem, with 64 individuals mentioning their mother, 55 mentioning their father, and 24 mentioning their sibling as having a chronic physical illness. Additionally, 77 participants reported having a mental health problem, with 65

respondents indicating that their mothers, 43 indicating their fathers, and 55 indicating their siblings have a psychological disorder or difficulty.

Table 1

Descriptive statistics for participants' demographics

Variables	N	M	SD	Range	
				Min	Max
Age	475	29.72	5.19	25	64
SES (Child)	475	7.19	2.34	0	10
SES (Now)	475	8.17	1.91	2	10
Number of Sibling	475	1.79	1.43	0	11

Note. M = Mean, SD = Standard Deviation

The descriptive statistics for the study variables of parent-focused parentification, sibling-focused parentification, perceived benefits, differentiation of self, and psychological distress were represented in the Table 2.

Table 2

Descriptive Statistics for the study variables

Scales	N	M	SD	Range		% Missing	Skewness	Kurtosis
				Min	Max			
PFP	475	22.95	7.75	9	45	0	0.42	-0.53
SFP	436	9.03	3.57	5	22	0	1.25	1.51
PBP	475	21.24	4.24	8	30	0	-0.41	-0.33
DSI-R	462	75.48	15.18	31	112	2.7	-0.13	-0.30
K10	457	26.87	8.25	10	49	3.8	0.31	-0.55

Note. PFP= Parent-Focused Parentification, SFP= Sibling-Focused Parentification, PBP= Perceived Benefits of Parentification, DSI-R= Differentiation of Self Inventory- Revised, K10= Kessler Psychological Distress Scale.

The Pearson bivariate correlations were calculated among all major study variables. According to the results, parent-focused parentification was significantly and positively associated with sibling-focused parentification, $r(436) = .579, p < .001$, two-tailed. Also, parent-focused parentification and perceived benefits from

parentification were significantly and negatively correlated, $r(475) = -.195, p < .001$, two-tailed. In addition, sibling-focused parentification and perceived benefits from parentification were significantly and negatively correlated, $r(436) = -.195, p < .001$, two-tailed.

Moreover, DoS was significantly and negatively associated with parent-focused parentification, $r(462) = -.181, p < .001$, two-tailed and with sibling-focused parentification, $r(423) = -.116, p = .017$, two-tailed. Also, DoS and perceived benefits from parentification were significantly and positively associated, $r(462) = .241, p < .001$, two-tailed.

The results also displayed that parent-focused parentification and psychological distress were significantly and positively correlated, $r(457) = .269, p < .001, r^2 = .07, 95\% \text{ CI } [.18, .35]$, two-tailed. Sibling-focused parentification was significantly and positively correlated with psychological distress, $r(418) = .205, p < .001, r^2 = .04, 95\% \text{ CI } [.11, .30]$, two-tailed. On the other hand, perceived benefit from parentification was negatively correlated with psychological distress, $r(457) = -.304, p < .001, r^2 = .09, 95\% \text{ CI } [-.39, -.22]$, two-tailed. Lastly, there was a significant negative correlation between DoS and psychological distress, $r(457) = -.552, p < .001, r^2 = .30, 95\% \text{ CI } [-.61, -.49]$, two-tailed (See Table 3).

Table 3
Pearson bivariate correlations of the study variables

Variables	1	2	3	4	5
1. Parent-Focused	-				
2. Sibling-Focused	.579**	-			
3. Perceived Benefit	-.195**	-.195**	-		
4. Differentiation of Self	-.181**	-.116*	.241**	-	
5. Psychological Distress	.269**	.205**	-.304**	-.552**	-

Note. * $p < .05$ (2-tailed), ** $p < .001$ (2-tailed).

In addition, gender differences were observed in the ratings of parent-focused parentification, differentiation of self, and psychological distress. First, equal variances were checked through Levene's test. Second, independent t-tests showed that females ($M= 23.46$, $SD= 7.96$) rated higher on parent-focused parentification than males ($M= 21.89$, $SD= 7.28$) did, $t(470) = 2.08$, $p = .038$, $d= 7.74$. Also, females ($M= 73.01$, $SD= 15.26$) reported lower levels of DoS than males ($M= 80.81$, $SD= 13.69$), $t(457) = -5.31$, $p < .001$, $d= 14.77$. Lastly, females ($M= 27.97$, $SD= 8.22$) scored higher on psychological distress than males ($M= 24.56$, $SD= 7.89$) did, $t(452) = 4.22$, $p < .001$, $d= 8.11$.

Moreover, there were significant correlations with SES ratings, parentification, and psychological distress. Childhood SES was negatively correlated with parent-focused parentification, $r= -.127$, $n= 475$, $p= .006$, two-tailed, negatively correlated with sibling-focused parentification, $r= -.208$, $n= 436$, $p < .001$, two-tailed, and positively correlated with perceived benefits from parentification, $r= .361$, $n= 475$, $p < .001$, two-tailed. Also, the relationship between childhood SES and psychological distress was significantly and negatively correlated, $r= -.130$, $n= 457$, $p= .005$, two-tailed. The current SES was also significantly and negatively correlated with sibling-focused parentification, $r= -.124$, $n= 436$, $p= .010$, two-tailed, and positively correlated with perceived benefits, $r= .234$, $n= 475$, $p < .001$. In addition, the relationship between current SES and psychological distress was negatively correlated, $r= -.193$, $n= 457$, $p < .001$, two-tailed. In brief, both lower past and current SES levels could link to higher parentification and psychological distress, while higher SES linked to increased perceived benefits.

The relationship of birth order and the number of siblings with parentification

was also examined and these demographic variables were found to have significant relationships only with sibling-focused parentification. It was observed that being born earlier to the family was positively associated with sibling-focused parentification, $r = .162$, $n = 436$, $p < .001$, two-tailed. Also, as the number of siblings increased, the level of sibling-focused parentification increased, $r = .180$, $n = 436$, $p < .001$, two-tailed.

We also looked at the relationship of parental divorce with parentification. Participants with separated or divorced parents ($M = 25.59$, $SD = 7.68$) had a higher parent-focused parentification scores than participants whose parents remained together ($M = 22.67$, $SD = 7.68$), $t(473) = -2.44$, $p = .015$, $d = 8.29$, while the perceived benefit from parentification was found to be significantly lower for participants with divorced parents ($M = 18.30$, $SD = 3.56$) than those with non-divorced parents ($M = 21.56$, $SD = 4.19$), $t(473) = 5.07$, $p < .001$, $d = 4.16$.

It was also checked whether there were differences in terms of parent-focused parentification, sibling-focused parentification, and perceived benefits according to the presence of physical illness or psychological problem in the family. According to mean comparisons, no difference was observed in the parent-focused parentification scores of the participants with or without a family history of chronic physical disease. However, when sibling has a physical illness, sibling-focused parentification ratings were higher.

On the other hand, it was found that the parent-focused parentification scores of the participants whose mothers had a psychological disorder or difficulty ($M = 25.91$, $SD = 8.33$) were significantly higher than those ($M = 22.48$, $SD = 7.55$) did not, $t(473) = 3.35$, $p < .001$, $d = 7.66$. Similarly, the participants whose fathers had a

psychological disorder or difficulty ($M= 25.95$, $SD= 8.30$) rated higher on parent-focused parentification than those did not ($M= 22.65$, $SD= 7.63$), $t(473) = 2.68$, $p = .008$, $d= 7.70$.

Participants who reported that any of their parents had a mental health problem were found to have a lower perceived benefit from their parentification experience. The perceived benefit levels of the participants who were children of mothers with psychological problems ($M= 18.65$, $SD= 3.76$) were lower compared to their counterparts ($M= 21.66$, $SD= 4.17$), $t(473) = -5.48$, $p < .001$, $d= 4.12$.

Similarly, the average perceived benefit of the participants who were children of fathers with psychological problems ($M= 16.63$, $SD= 3.87$) were lower than those who were not ($M= 21.70$, $SD= 4$), $t(473) = -7.96$, $p < .001$, $d= 3.98$.

Besides, the level of sibling-focused parentification was higher in the participants who reported that their sibling had a psychological disorder or difficulty ($M= 10.09$, $SD= 4.16$) compared to those without sibling having a psychological problem ($M= 8.88$, $SD= 3.45$), $t(434) = 2.63$, $p = .019$, $d= 3.55$. In addition, parent-focused parentification scores of participants with a sibling with a psychological disorder or difficulty ($M= 26.33$, $SD= 7.90$) were also higher than those without a sibling with mental health problem ($M= 22.44$, $SD= 7.65$), $t(434) = 3.51$, $p < .001$, $d= 7.68$. On the other hand, the average score of perceived benefit was lower for the participants with a sibling with a psychological disorder or difficulty ($M= 18.93$, $SD= 4.60$) than others without a sibling having a psychological problem ($M= 21.57$, $SD= 4.04$), $t(434) = -4.46$, $p < .001$, $d= 4.12$.

After the findings related to demographic variables, we decided to control gender and current SES as they are significantly related with psychological distress.

4.2. Testing the Hypotheses

Hypothesis 1 expected that the association between parent-focused parentification and psychological distress would be moderated by DoS. The moderating effect of DoS on the association between parent-focused parentification and psychological distress was calculated by controlling for gender and current SES.

Firstly, a three-step hierarchal regression analysis was implemented. The hierarchical regression was conducted to examine the main effects of parent-focused parentification and DoS variables on psychological distress while controlling for gender and SES in the first block. The parent-focused parentification and DoS variables were placed in the second block, meanwhile, the interaction of those two variables was placed in the third block.

According to the results observed in the hierarchal regression analysis, gender and current SES were significantly associated with psychological distress and accounted for 7% of the variance in psychological distress, $F(2, 454) = 15.85, p < .001, R^2 = .065$. In the second step, parent-focused parentification and DoS were added, and the model was significant by explaining 35% additional variance in psychological distress, $F(2, 452) = 61.91, p < .001, R^2 = .354$. However, when the interaction of parent-focused parentification and DoS was included, the model was not significant, $p > .05$ (See Table 4).

Later, moderation analysis was conducted via PROCESS Macro in the SPSS. According to the 95% confidence interval limits from bootstrapping analyses for unconditional interaction results, compatibly with the hierarchical regression analysis, DoS did not moderate the relationship between parent-focused parentification and psychological distress, $p > .05$.

Table 4

Summary of hierarchical regression analysis for gender, SES, parent-focused parentification, and DoS Predicting Psychological Distress (N = 457).

Variable	Psychological Distress				R^2	$R^2\Delta$
	<i>B</i>	<i>SE B</i>	β			
Block 1					.065	
Gender	-2.728	.737	-.168*			
SES (now)	-.839	.197	-.193*			
Block 2					.354	.289
Gender	-.873	.628	-.054			
SES (now)	-.581	.166	-.134*			
PFP	.188	.041	.177*			
DoS	-.267	.021	-.492*			
Block 3					.347	.001
Gender	-.838	.630	-.052			
SES (now)	-.589	.166	-.136*			
PFP	.020	.182	.018			
DoS	-.321	.061	-.592*			
PFP x DoS	.002	.002	.175			

Note. PFP = Parent-Focused Parentification; DoS = Differentiation of Self. * $p < .001$.

Hypothesis 2 expected that the association between sibling-focused parentification and psychological distress would be moderated by DoS. The moderating effect of DoS on the association between sibling-focused parentification and psychological distress was calculated by controlling for gender and current SES.

First, a three-step hierarchical regression analysis was conducted to examine the main effects of sibling-focused parentification and DoS variables on psychological distress while controlling for gender and SES in the first block. The sibling-focused parentification and DoS variables were placed in the second block. Lastly, the interaction of those two variables was placed in the third block.

According to the results, gender and current SES were significantly associated with psychological distress and accounted for 7% of the variance in psychological distress, $F(2, 415) = 15.54, p < .001, R^2 = .070$. When sibling-focused

parentification and DoS were included in the second block, the model was significant by explaining 35% additional variance in psychological distress, $F(2, 413) = 55, p < .001, R^2 = .348$. However, the model was not significant when the interaction of sibling-focused parentification and DoS was included, $p > .05$ (See Table 5).

Further, moderation analysis was conducted via PROCESS Macro in the SPSS. In line with the 95% confidence interval limits from bootstrapping analyses for unconditional interaction results, following the hierarchical regression analysis, DoS did not moderate the relationship between sibling-focused parentification and psychological distress, $p > .05$.

Table 5
Summary of hierarchical regression analysis for gender, SES, sibling-focused parentification, and DoS Predicting Psychological Distress (N = 418).

Variable	Psychological Distress				
	B	SE B	β	R^2	$R^2\Delta$
Block 1				.070	
Gender	-2.929	.767	-.181***		
SES (now)	-.829	.204	-.193***		
Block 2				.348	.278
Gender	-1.104	.660	-.068		
SES (now)	-.469	.174	-.109**		
SFP	.306	.093	.132***		
DoS	-.277	.022	-.515***		
Block 3				.348	.000
Gender	-1.105	.661	-.068		
SES (now)	-.470	.175	-.109**		
SFP	.238	.444	.103		
DoS	-.285	.058	-.530***		
SFP x DoS	.001	.006	.032		

Note. SFP = Sibling-Focused Parentification; DoS = Differentiation of Self. * $p < .05$, ** $p < .01$, *** $p < .001$.

Hypothesis 3 expected that the relationship between perceived benefit from

parentification and psychological distress would be moderated by DoS. The moderating effect of DoS on the association between perceived benefit from parentification and psychological distress was computed by controlling for gender and current SES.

A three-step hierarchal regression analysis was implemented to check the main effects of perceived benefits and DoS variables on psychological distress while controlling for gender and SES. In the first block, gender and SES variables were added. Secondly, perceived benefits and DoS variables were placed in the model. Thirdly, the interaction of those two variables was included.

As a result, the hierarchal regression analysis showed that the model was significant when gender and current SES were included and accounted for 7% of the variance in psychological distress, $F(2, 454) = 15.85, p < .001, R^2 = .065$. In the second step, perceived benefits of parentification and DoS were added, and the model was significant by explaining 35% additional variance in psychological distress, $F(2, 452) = 60.56, p < .001, R^2 = .349$. Finally, when the interaction of perceived benefits of parentification and DoS was included, the model was also significant by explaining 36% variance in psychological distress, $F(1, 451) = 50.141, p = .016, R^2 = .357$.

Afterwards, moderation analysis was implemented via PROCESS Macro in the SPSS. In accordance with the 95% confidence interval limits from bootstrapping analyses for unconditional interaction results, in line with hierarchical regression analysis, DoS did moderate the relationship between perceived benefits from parentification and psychological distress, $F(1, 451) = 5.86, p = .016, R^2 = .008$.

Table 6

Summary of hierarchical regression analysis for gender, SES, perceived benefits of parentification, and DoS Predicting Psychological Distress (N = 457).

Variable	<i>Psychological Distress</i>				
	<i>B</i>	<i>SE B</i>	β	R^2	$R^2\Delta$
Block 1				.065	
Gender	-2.728	.737	-.168***		
SES (now)	-.839	.197	-.193***		
Block 2				.349	.284
Gender	-1.351	.637	-.083*		
SES (now)	-.388	.171	-.089*		
PBP	-.329	.078	.170***		
DoS	-.261	.022	-.482***		
Block 3				.357	.008
Gender	-1.287	.634	-.079*		
SES (now)	-.383	.170	-.088*		
PBP	-1.128	.339	-.584***		
DoS	-.490	.097	-.903***		
PBP x DoS	.011	.004	.665*		

Note. PBP = Perceived Benefits of Parentification; DoS = Differentiation of Self. * $p < .05$, ** $p < .01$, *** $p < .001$.

CHAPTER 5

DISCUSSION

The focus of the study was to investigate whether the relationship between parentification and psychological distress is moderated by differentiation of self. In more detail, the current study investigated the moderating effect of DoS on the association between parent-focused parentification and psychological distress, sibling-focused parentification and psychological distress, and perceived benefits from parentification and psychological distress. The main findings are discussed below within the framework of the family system theories. Later, the strengths, limitations, and suggestions for future research are discussed.

We found significant positive associations between parentification (parent-focused and sibling-focused) and psychological distress. Also, a significant negative correlation was observed between DoS and psychological distress. However, the moderating effect of DoS on the relationship between parentification (parent-focused and sibling-focused) and distress was not statistically significant. In addition, we found a significant negative association between perceived benefits and psychological distress. Moreover, DoS significantly moderated the relationship between the perceived benefits of parentification and psychological distress.

5.1. Discussion of the Findings Regarding Major Variables and Moderating Role of DoS

As consistent with previous literature (Chen & Panebianco, 2020; Hooper et al., 2008; Hooper et al., 2011b; Hooper & Wallace, 2010; Williams & Francis, 2010), we observed that higher ratings of parent-focused parentification were associated with higher scores on psychological distress. Taking responsibility for

parents in childhood can be one of the factors that explain the high level of psychological distress experienced in adulthood. Again, incongruent with the previous literature (Arıkan Çolak, 2019; Köyden & Uluç, 2018), a significant positive relationship was found between sibling-focused parentification and psychological distress. Thus, caring for siblings as a child may also be one of the predictors of psychological distress at a later age. We know that adverse childhood experiences may precede mental health problems in adulthood (Gondek et al., 2021; Scott et al., 2010; Teicher & Samson, 2016). Similarly, the responsibility and possible negative emotions accompanying the role of caring for a parent or sibling may be a challenging experience for children and may predict the emotional distress experienced in the future. These research findings are also in line with family systems approaches. Family system theories see the psychological symptom in the individual as a result of the functioning of the family system (Watzlawick et al., 1974). Therefore, psychological distress can be observed in the individual as a consequence of parentification that includes inappropriate distribution of roles and boundary dissolution in the family (Minuchin et al., 1967; Shaffer & Sroufe, 2005; Sroufe & Fleeson, 1988).

Besides, in line with the previous literature (Karataş & Gündüz, 2021; Köyden, 2015), a significant negative association was observed between the perceived benefits from parentification and psychological distress. In other words, we see that the level of psychological distress in adulthood decreases as the person's positive perceptions of parentification increase. In the literature, it has been suggested that how individuals perceive their parental roles toward family members may be more decisive in the future outcomes rather than the type or intensity of

parentification (Jurkovic, 1997, 1998; Hooper & Wallace, 2010). We also see in this research that if a person has positive beliefs towards parental roles assumed as a child, they may experience fewer emotional difficulties in adulthood. Thinking that parentification roles provide benefits for themselves seems to have a reducing effect on psychological distress. These individuals may have felt that the roles in their families were more equitably distributed or that the roles they took were appreciated. Being satisfied with the role in the family may have eliminated future negative symptoms. This finding can be explained by *circularity* in family system theories. Family systems theories argue that there is a circular interaction and reciprocal relationship between events rather than linear causality. In this respect, circular inquiry is used to shift meanings associated with a specific area of conflict, highlighting the other person's possible view of the situation (Selvini-Palazzoli et al., 1980). Therefore, in the phenomenon of parentification, how the child's roles are met in the family and how these reactions produce an effect on the child is also essential. When the children enjoy their roles in the family and feel appreciated, the impact of parentification on the individual might change.

Supporting the previous literature (Murdock & Gore, 2004; Murray et al., 2006; Tuason & Friedlander, 2000; Polat & İlhan, 2018; Rodríguez-González et al., 2018), in the present study, DoS and psychological distress were significantly and negatively correlated. Thus, greater levels of differentiation from the family of origin was associated with lower levels of participants' psychological distress and vice versa. Again, based on the previous literature and this finding, we can conclude that individuals who are emotionally differentiated from their family of origin may experience stressful events more temperately and cope with stress more effectively,

considering that they might have the required self and relational regulation mechanisms for doing this.

However, as seen in the hierarchical regression analyses, while the separate effects of parentification and DoS on psychological distress were found to be significant, the interaction effect was insignificant. In other words, different DoS levels did not impact the relationship between parent-focused parentification and sibling-focused parentification with psychological distress. Considering the negative association between parentification and differentiation, and the mediating role of differentiation between parentification and later outcomes reported by the previous studies (Karataş, 2020; Lee & Kim, 2019), we interpreted that it may be impossible for an individual who has assumed parental roles in the family at early ages to differentiate at high levels. The roles related to parentification may inherently make relationships fused and the relational boundaries confused (Minuchin et al., 1967; Shaffer & Sroufe, 2005). As performed parental roles may make fused relationships with the parent inevitable, it may also make it difficult for the person to differentiate from the parent.

In addition, according to Schaffer and Sroufe (2005), one of the main outcomes produced by boundary dissolution in the parent-child relationship is the absence of a parent fulfilling the expected parental roles and, accordingly, the loss of a primary model for guiding the child to gain emotional and cognitive maturity. Therefore, the lack of a primary model for the child may limit the parentified children's repertoire of how to handle their feelings, thoughts, and close relationships. Thus, the boundary dissolution in parentification may also constrain the parentified children's skill set for differentiation in this direction.

When we think of sibling-focused parentification, we are again talking about the tasks that lessen the burden on the parent. Here again, it is a question of assuming a parental responsibility for the benefit of the parent. The high level of caring and meeting the needs of the parent or sibling may undefine the relational boundaries in family relationships and make it difficult to differentiate from the family of origin. Therefore, the fact that parental roles can be an obstacle to differentiation may have made it difficult to see how different DoS levels can affect the course of parentification outputs.

Moreover, according to Perrin et al. (2013), individuals with low differentiation can be more prone to be involved in unhealthy relationships with parents to meet their demands and undertake the responsibility to resolve conflicts between them. Therefore, engaging in dysfunctional relationship patterns with parents, such as parentification, might show an increase as differentiation from family declines. That is, individuals who have been very exposed to the experience of parentification may already be individuals with difficulties in differentiation. This possibility may also have hindered observing whether the outcomes differed by individuals with different levels of DoS.

Still, we observed a significant moderating impact of DoS in the association between perceived benefits and psychological distress. Higher levels of perceived benefit and differentiation of self together can provide a multiplying effect in reducing psychological distress. In other terms, perceiving the parental roles as beneficial and evaluating the experience while being able to differentiate from the family may reduce the likelihood of having symptoms of depression and anxiety.

A person who can differentiate sufficiently from the parents perceives

stressful events by distinguishing emotions and thoughts and does not feel as intense stress as undifferentiated individuals (Bowen, 1978; Kerr & Bowen, 1988). Thus, there may arise the possibility that a differentiated individual may perceive the parentification as beneficial rather than as stressful. The fact that individuals enjoy their roles in the family and have spare time for their own play and academic needs despite familial roles and responsibilities may have contributed to people's positive perception and lowered their distress levels. Also, when family members appreciate and acknowledge their parental roles, individuals may feel their responsibilities benefit them (Jurkovic, 1997) and may feel a sense of power, mattering, and contribution by fulfilling the parental roles (Burton, 2007; Parys et al., 2015). Besides, feeling the family as a well-functioning team and themselves as a part of this team may have helped individuals perceive the parentification positively and not experience high levels of emotional distress. Thus, when individuals both have positive perceptions about their parentification roles and can differentiate from the family, a further decrease in psychological distress can be observed.

As another point, when a person can attribute positive meanings to the parentification experience, there might be a chance of differentiating from the family. In the study of Jankowski et al. (2013), increased parentification was related to increased perceived unfairness. Later, increased perceived unfairness was related to decreased DoS. Also, in this study, DoS mediated the relationship between perceived unfairness and psychological symptoms. Considering these findings and the negative associations of perceived benefits with parent-focused and sibling-focused parentification in the present study, how one perceives parentification may also vary depending on how much they have been parentified. Perhaps individuals

who got higher ratings on perceived benefits did not experience a deconstructive level of parentification. As such, it may have remained their ability to be differentiated. Therefore, the psychological distress levels of these individuals could be lower because they did not have a destructive experience, perceived their roles as beneficial, and were able to differentiate from their family of origin.

5.2. Discussion of Findings Regarding Demographics

Although the current study did not primarily focus on demographics, it is still valuable to consider the findings concerning demographic factors. First, the findings revealed that there were gender differences in the study variables. Specifically, females had higher ratings of parent-focused parentification than males, with a large effect. This finding is consistent with some previous research (Aldridge, 2006; Burnett et al., 2006) while a discrepancy in the findings was in question with other studies reporting no gender differences (Peris et al., 2008; Williams, 2015). In addition, female participants reported lower levels of DoS than males, with a large effect. This result is also congruent with some previous literature (Duch-Ceballos et al., 2021; Rodríguez-González et al., 2016), while the studies about gender and DoS have reported inconsistent results (Mozas-Alonso et al., 2022). Lastly, females rated higher on psychological distress compared to males. Again, the previous studies concluded similar results to the present study (Drapeu et al., 2012; Gao et al., 2021; Kuehner, 2003; Leach et al., 2008; Simonds & Whiffen, 2003; Spitzer et al., 2006). Regarding sibling-focused parentification and perceived benefits, there was no difference between female and male participants in the current study.

The current study's findings can be interpreted as the roles taken in sibling relationships do not change much on gender. However, when it comes to parental

care, expectations from daughters might be higher. When the scale items are considered, while caring for a sibling may include more instrumental support (i.e., putting siblings to sleep, helping with homework, disciplining siblings), caring for a parent can also have an emotional burden (i.e., acting as an arbitrator between parents, finding solutions to parents' problems, soothing parents emotionally, keeping secrets, helping parents make decisions). It may be more demanding for daughters to relieve the emotional burden on the parent.

The findings of Kağıtçıbaşı and Ataca (2005) demonstrated a substantial increase in psychological values attributed to children and a consequent decline in utilitarian/economic values over the past three decades as education level and urbanization increased. Referring to the changing family dynamics and roles, when emotional support has gained importance and been more expected from girls, the preference for having a daughter has replaced the preference for a son. Considering the sample of the current study mainly consisting of participants with medium to upper SES and the gender difference in parent-focused parentification, we can say that emotional support can be more expected from the daughters. Again, the findings of Kağıtçıbaşı and Ataca's (2005) research showed that there are equal expectations from boys and girls in the care of siblings. In the present study, the absence of a gender difference in sibling-focused parentification seems compatible with this finding. Consequently, the fact that there is only a significant gender difference in parent-focused parentification may also be related to the kind of roles expected from children.

Regarding the gender difference on differentiation, since emotional interdependence is valued in Turkish families (Kağıtçıbaşı, 2005) and emotional

support is expected more from daughters (Kağıtçıbaşı & Ataca, 2005), it may seem understandable that women are less differentiated emotionally from the family. The desire of the family to be emotionally dependent on each other and the expectation from the daughter to contribute more to this interdependence may have brought women to a more complicated point in terms of DoS. The fact that these expectations are normalized in the family can create an obstacle to women's differentiation. Women may develop a more emotionally dependent self in line with these family values and expectations. However, the value placed on non-differentiation may not result in women experiencing less psychological distress. This state of lowered differentiation comes at a cost to women since the fused relationships accompanied by the parental roles and emotional interdependence with the family can become a stressful experience for them.

In the present study, childhood and current SES were measured separately. Low SES levels in childhood may increase the risk of parentification, and the current SES level may be related to current psychological distress in light of previous research (Burton, 2007; Drapeu et al., 2012; Meier et al., 2014). As anticipated, decreased childhood SES was associated with increased parent- and sibling-focused parentification levels. On the contrary, childhood SES and perceived benefits of parentification were positively correlated. Also, lower ratings of current SES were associated with higher scores on sibling-focused parentification and lower scores on perceived benefits. Lastly, childhood and current SES significantly and negatively correlated with psychological distress. However, it should be added here that we measured SES with a single item, and this may not have provided us with a complete SES measurement.

Besides, regarding the support received by parents for childcare (i.e., extended family, neighbors, nursery) during childhood, there was no significant difference between those who received support and those who did not in terms of parent-focused and sibling-focused parentification level. Jurkovic et al. (2001, 2007) identified parental divorce as a risk factor for parentification. The current study also concluded that participants who stated that their parents were separated or divorced were more parentified towards their parents and had fewer perceived benefits of their parentification experience. In sibling-focused parentification, no difference was observed among the participants whose parents were divorced or remained together. While sharing these findings, we should note that individuals who reported having divorced or separated parents were a minority compared to those who did not.

As cited earlier, the eldest children were found to be more parentified for household chores and the only children were found to be more parentified for the emotional needs of parents (McMahon & Luther, 2007). Burton (2007) also stated that birth order is related to the amount of caregiving roles the child assumes in the family. In the present study, we found that participants born earlier to the family assumed more caregiving roles for their siblings in their childhood. In addition, an increase in the level of sibling-focused parentification was observed as the number of siblings increased. Moreover, being the older child in the family was not predictive of parent-focused parentification or perceived benefits but related to the increasing level of being parentified toward siblings. However, being an only child did not make any difference in parentification.

The previous research also described parents' physical or mental illness as a parentification risk factor (Aldridge, 2006; Barnett & Parker, 1998; Chen &

Panebianco, 2020; Pakenham & Cox, 2012). In the present study, we found that the presence of a psychological disorder or difficulty, not a chronic physical illness in the family, was related to the level of parent-focused parentification of the participants. The parent-focused parentification scores of the participants who stated that their mother had a psychological problem were significantly higher than those who stated that they did not. The perceived benefits from the parentification scores of the participants who stated that their mothers had a psychological problem were significantly lower. We observed similar conclusions if the father had a psychological disorder or difficulty. It has been observed that if the father has a psychological problem, there were higher ratings of parent-focused parentification and lower perceived benefits. Individuals with a sibling having a physical illness or mental health problem were also found to be more parentified toward their siblings. In addition, individuals with a sibling with a psychological problem perceived lower benefits from parentification than others without a sibling having a psychological problem. Moreover, it was observed that the level of parent-focused parentification was higher in individuals with a sibling having a psychological disorder or difficulty. However, while sharing these findings, we should remind that individuals who reported a presence of mental health problem in their family members were a minority compared to those who did not.

5.3. Limitations, Contributions, and Future Directions

Regarding the study's limitations, it is cross-sectional and cannot predict a cause-effect relationship. For further research, a longitudinal research design would be efficient to serve the causal inference from the findings and detect the impact of different DoS levels on the course of parentification outcomes. In addition, the

participants answered the Parentification Inventory retrospectively and were the single data source. The recall bias can be a limitation considering that familial relationships are dynamic in nature, and the current familial relationships can impact the recalling of parentification memories. Moreover, cultural values can also affect the recollection of retrospective memories (Oishi et al., 2007). Concerning Turkish culture's values, participants may rate their parentification experiences differently due to the loyalty they feel towards their families. In Turkish culture, individuals tend to have a high level of respect for their parents and their parents' efforts to raise them as children (Kağıtçıbaşı, 1996).

Besides, the sample may not be representative of being non-clinical and selected non-randomly. Also, as a potential consequence of the way the sample was collected, the sample was more highly homogeneous, representing the educated and the middle to upper class. The research announcement and its link may have reached a certain audience due to snowball sampling. The most important limitation here is the limited variability of the responses. Therefore, this limited variability may have precluded finding significant relationships that actually exist in the population. Future studies may take care to reach samples more representative of the population, thereby increasing response variability. Lastly, the fact that the majority of the research sample consisted of women can be added as one of the study limitations. It can be suggested to create a more evenly distributed sample in terms of gender in order to obtain a more balanced sample characteristic and see gender comparisons more clearly.

Along with that, we would like to make an important note. The data collection process of this study coincided with the period of major earthquakes

affecting a large area in Turkey. Therefore, it was thought that the psychological distress levels of the participants might be different from the usual at a time when they felt high levels of anxiety, stress, and sadness. Therefore, such a critical and challenging period in the country might adversely affect the research findings considering that no question about this emerging situation was added to the research survey.

For further research, other possible covariate or moderator variables (i.e., perceived unfairness, social support, locus of control, having a sibling with special needs) can be considered. As discussed earlier, perceived unfairness (Kupermic et al., 2009), social support (Tomeny et al., 2017), and internal locus of control (William & Francis, 2010) were found to be moderator in the association between parentification and later mental health outcomes. Future studies may consider including these variables in the model as well. Due to limited findings and practical reasons, these variables were not measured in this study.

Moreover, this study examined the level of psychological distress as one of the maladaptive outcomes of parentification. Perhaps, the effects of different DoS levels on possible adaptive outcomes of parentification (i.e., post-traumatic growth, interpersonal competence, coping skills) can be investigated in the future. Lastly, this study focused on parent-focused and sibling-focused parentification. Future studies may address the emotional and instrumental dimensions of parentification and display whether the outcomes will differ according to the content of parental roles assumed in childhood toward a parent.

Despite these limitations, we can state that this study has some strengths. There is a limited number of studies about parentification in Turkey. Also,

differentiation has been handled as a mediator in the previous literature; to this study's knowledge, this is the first study to investigate DoS as a moderator. In past research, mostly adolescents and college students were included as a sample. The age criteria of this study provide data from relatively different age periods. Another contribution of the present study is focusing on a systemic perspective rather than adapting a pathological view of mental health and problem-focused orientation.

5.4. Clinical Implications

It was a study aiming to contribute to the literature investigating different factors in the relationship between parentification and later mental health outcomes by examining the effect of different DoS levels. For clinical implications, this study would benefit psychologists and therapists working with a systemic perspective when working with clients with a history of childhood parentification. In the assessment, case formulation, and planning intervention, the professionals might consider the overall contribution of perceiving parental roles as beneficial and having a sufficient level of differentiation on current anxiety, depression, and emotional distress symptoms.

While working with parentified individuals and families, including parentification dynamics, therapy may focus on investigating the boundaries and differentiation in relationships in the light of the constructs presented by Structural Family Therapy and Bowenian Family Systems Theory. As indicated, Bowen (1978) proposed a concept called the family projection process, defined as a process in which parents project their insufficient maturity and differentiation on their children. He added that undifferentiated families would likely have fused relationships and emotional dysfunctions and project their problems onto children. Besides, Minuchin

et al. (1967) mentioned a boundary dissolution between the parentified child and the parent. So, we know that we can see enmeshed relationships and fused boundaries in undifferentiated families. Based on these theories and the implications of current research, families with parentification are also likely to be undifferentiated families. For this reason, there might be a minimal chance of raising differentiated individuals in these families. Therefore, in the evaluation of the effects of the phenomenon of parentification on family relationships, the fusion of relational boundaries can be an obstacle in front of differentiation. According to the Bowenian approach, as individuals can differentiate, they begin to evaluate their experiences more objectively (Bowen, 1978; Kerr & Bowen, 1988). Therefore, as the level of differentiation increases, the individual may begin to interpret the parentification experience differently. The differentiated person can regulate the effect of the distress accompanied by the parentification experience and balance their close relationships with clear boundaries. The increase in DoS, in turn, can soothe the symptoms of psychological distress that the person may experience. Systemic therapy with the individual or family may also focus on reorganizing family relationships, redefining relational boundaries, and supporting individuals' levels of differentiation. It may be beneficial to investigate the perceptions of the parentification experience with adult clients, and to observe whether these perceptions and their effects on the person change when the level of differentiation increases.

APPENDICES

APPENDIX A

Demografik Bilgi Formu

1. Cinsiyetiniz: Kadın / Erkek / Non-binary / Diğer
2. Yaşınız:
3. Mesleğiniz:
4. En son tamamladığınız eğitim düzeyi:
İlköğretim / Ortaöğretim / Lise / Ön Lisans / Lisans / Yüksek Lisans / Doktora
5. Medeni durumunuz: Bekar / Evli / Boşanmış
6. Evliyseniz ne kadar süredir evlisiniz?
7. Çocuğunuz var mı? Evet / Hayır
8. Kimle yaşıyorsunuz: Anne-babayla / Arkadaşlarla evde / Yurtta / Tek Başına / Diğer
9. Aktif olarak anne ya da babanızın bakımıyla ilgilenmekte misiniz? Evet / Hayır
10. Anne-babanız: Hayatta / Hayatta değil
11. Anne-babanız: Öz / Üvey
12. Anne-babanız: Birlikte / Ayrı
13. Cevabınız ayrı ise, kaç yaşınızdan beri ayrılar?
14. Kardeş sayınız:
15. Ailenizin kaçınıcı çocuğusunuz?
16. Çocukluğunuzda, evinizde yaşayan bütün aile fertlerinin maaş, kira, emekli aylığı vb. gelirlerini göz önünde bulundurduğunuzda, toplam aylık hane halkı geliriniz ile hanenizin ihtiyaçlarını ne derece karşılayabiliyordunuz?

0	1	2	3	4	5	6	7	8	9	10
Hiç karşılayamıyoruz					Tamamıyla karşılayabiliyoruz					

17. Güncel durumda, evinizde yaşayan bütün aile fertlerinin maaş, kira, emekli aylığı vb. gelirlerini göz önünde bulundurduğunuzda, toplam aylık hane halkı geliriniz ile hanenizin ihtiyaçlarını ne derece karşılayabiliyorsunuz?

0	1	2	3	4	5	6	7	8	9	10
Hiç karşılayamıyoruz					Tamamıyla karşılayabiliyoruz					

18. Çocukluğunuzda, anne-babanızın sizin bakımınız için destek aldığı kişiler var mıydı?

- a. Evet (anneanne, babaanne, dede, akraba vs.)
- b. Evet (bakıcı, kreş, anaokulu vs.)
- c. Hayır
- d. Diğer

19. Ailede, çocukluğunuzda ya da şimdi fiziksel bir rahatsızlığı olan var mıdır?

Siz: Rahatsızlığı nedir?

Anne: Rahatsızlığı nedir?

Baba: Rahatsızlığı nedir?

Kardeş(ler): Rahatsızlığı nedir?

20. Ailede, çocukluğunuzda ya da şimdi psikolojik bir rahatsızlığı olan var mıdır?

Siz: Rahatsızlığı nedir?

Anne: Rahatsızlığı nedir?

Baba: Rahatsızlığı nedir?

Kardeş(ler): Rahatsızlığı nedir?

APPENDIX B

Ebeveynleşme Envanteri

Aşağıdaki sorular siz büyürken, kendiniz ve ailenizle ilgili sahip olduğunuz düşünceleriniz, davranışlarınız ve duygularınız ile ilgilidir. Lütfen her cümleyi dikkatle okuyun. Cümlelerin 1 (hiçbir zaman doğru değil) ve 5 (her zaman doğru) arasında sizin için ne kadar doğru olduğuna dayanarak bir cevap seçin. Her soruyu mümkün olduğunca doğru yanıtladığınızdan emin olun.

BU SORULARIN SİZİN BÜYÜDÜĞÜNÜZ DÖNEM HAKKINDA OLDUĞUNU UNUTMAYIN.

Yanıt Seçenekleri:

(1) Hiçbir zaman (2) Nadiren (3) Kimi zaman (4) Sık sık (5) Her zaman

1. Üzgün olduklarında ya da duygusal zorluklar yaşadıklarında, kardeş(ler)imi rahatlatmam beklenirdi.
2. Annem babam sık sık diğer aile üyeleri hakkındaki sırları benimle paylaştı.
3. Benim yaşadığım yerdeki çoğu çocuk aile bütçesine katkıda bulunurdu.
4. Aile üyelerimle ilgilenmek zorunda olduğumda bile, mutlu ya da üzgün olabilecek zamana sahiptim.
5. Anne babama önemli kararlar almalarında yardım ettim.
6. Her gece kardeşlerimin yattığından emin olmak benim görevimdi.
7. Ailem tarafından takdir edildiğimi hissettim.
8. Benim yaşımdaki çoğu çocuk benimle aynı rol ve sorumluluklara sahipti.
9. Ailevi sorumluluklarım olsa da oyun ya da okul ödevleri için zamanım olurdu.
10. Çalıştım ve aile bütçesine katkıda bulundum.
11. Kardeşlerimin (kız ya da erkek) ev ödevlerini tamamlamalarına yardımcı olmaktan sorumluydum.
12. Ailemde bir anlaşmazlık olduğunda aile üyelerimin yardım istediği ilk kişiydim.
13. Kardeşlerimi discipline eden esas kişi bendim.
14. Sık sık anne babamın (ya da ailedeki bakım veren yetişkinlerin) arasındaki sorunları çözmeye yardım ettim.
15. Aile içindeki rolümden gerçekten keyif aldım.
16. Üzgün olduklarında ya da duygusal zorluklar yaşadıklarında, anne babamı rahatlatmam beklendi.
17. Haftanın çoğu günü ailenin çamaşırlarını yıkamaktan ben sorumluydum.

18. Ailem için hakem rolünü üstlendim.
19. Aile üyelerimin sırlarını paylaştığı kişi bendim.
20. Ailemizin bir takım olduğunu ve birlikte iyi çalıştığını hissettim.
21. Market alışverişinin yapılması diğer aile üyelerinden daha fazla benden talep edildi.
22. Aile üyelerim için çevirmen rolünü üstlendim.



APPENDIX C

Benliğin Ayrışması Ölçeği

Aşağıda kendinizle ve başkalarıyla olan ilişkilerinize yönelik düşünce ve duygularınızı içeren ifadeler yer almaktadır. Sizden istenen her bir ifadeyi dikkatlice okuyarak 1’den 6’ya kadar olan seçeneklerden sizi en iyi ifade eden seçeneği işaretlemenizdir. Eğer herhangi bir madde sizinle direkt ilgili gözükmiyorsa (örn., şu anda bir eşiniz/partneriniz yoksa), olması halinde nasıl düşünüp nasıl davranabileceğinizle ilgili en iyi tahmininizi belirtiniz. İçten yanıtlarınız için teşekkürler.

1-----2-----3-----4-----5-----6
Hiç Uygun Çok
Değil Uygun

1. Ailemin yanındayken genellikle kendimi kısıtlanmış hissedirim.	1	2	3	4	5	6
2.Önemli bir işe ya da göreve başlarken genellikle başkalarının cesaretlendirmesine ihtiyaç duyarım.	1	2	3	4	5	6
3. İnsanlar benimle yakınlık kurmaya çalıştıklarında, kendimi onlardan uzak tutarım.	1	2	3	4	5	6
4. İnsanlar benimle yakınlık kurmaya çalıştıklarında, bundan genellikle rahatsızlık duyarım.	1	2	3	4	5	6
5.Hemen hemen hayatımdaki herkesten onay alma ihtiyacı hissedirim.	1	2	3	4	5	6
6. Değiştiremeyeceğim şeyler için üzülmenin bir anlamı yok.	1	2	3	4	5	6
7. Yakın ilişkilerimde kısıtlanma kaygısı yaşarım.	1	2	3	4	5	6
8. Eleştirilmek beni oldukça rahatsız eder.	1	2	3	4	5	6
9. Anne/babamın beklentilerine göre yaşamaya çalışırım.	1	2	3	4	5	6
10. Kendimi olduğum gibi kabul ederim.	1	2	3	4	5	6
11. Eşimle/partnerimle bir tartışma yaşarsam, tüm gün bu tartışma üzerine düşünürüm.	1	2	3	4	5	6
12. Başkaları tarafından baskı altında olduğumu hissettiğim zamanlarda bile onlara “hayır” diyebilirim.	1	2	3	4	5	6
13. Yaptığım şeyin doğru olduğunu düşünüyorsam başkalarının ne dediğini pek de umursamam.	1	2	3	4	5	6
14. Bir karar alırken danışacağım birileri yoksa kolay kolay karar veremem.	1	2	3	4	5	6
15. Başkaları tarafından incitilmek beni aşırı derecede rahatsız eder.	1	2	3	4	5	6
16. Eşimin/partnerimin yoğun ilgisi beni bunaltır.	1	2	3	4	5	6
17. İnsanlar üzerindeki izlenimimi merak ederim.	1	2	3	4	5	6
18. Duygularımı genellikle çevremdekilerden daha yoğun yaşarım.	1	2	3	4	5	6
19. Hayatımda ne olursa olsun, kendimle ilgili düşüncelerimden asla taviz vermem.	1	2	3	4	5	6
20. Anne/babamın fikrini almadan karar veremem.	1	2	3	4	5	6

APPENDIX D

Kessler Psikolojik Sıkıntı Ölçeği

Aşağıdaki sorular **son 30 gün içinde** kendinizi nasıl hissettiğiniz hakkındadır. Lütfen her soruda söz konusu duyguyu hangi sıklıkta hissettiğinizi en iyi açıklayan sayıyı yuvarlak içine alınız.

Bu ay içerisinde kendiniz ile ilgili olarak aşağıdakileri ne sıklıkla hissettiniz?		Sürekli olarak	Çoğu zaman	Arada sırada	Seyrek olarak	Hiç olmadı
a.	... herhangi bir sebep olmadan aşırı yorgunluk	1	2	3	4	5
b.	... sinirli	1	2	3	4	5
c.	... hiçbir şekilde sakinleşemeyecek kadar sinirli	1	2	3	4	5
d.	... umutsuz	1	2	3	4	5
e.	... huzursuz veya tedirgin	1	2	3	4	5
f.	... yerinde duramayacak kadar huzursuz	1	2	3	4	5
g.	... çökkün	1	2	3	4	5
h.	... hiçbir şekilde neşelenemeyecek kadar çökkün	1	2	3	4	5
i.	... her şeyin çok zor gelmesi	1	2	3	4	5
j.	... değersiz	1	2	3	4	5

REFERENCES

- Anderson, T. M., Sunderland, M., Andrews, G., Titov, N., Dear, B. F., & Sachdev, P. S. (2013). The 10-item Kessler psychological distress scale (K10) as a screening instrument in older individuals. *The American Journal of Geriatric Psychiatry*, 21(7), 596-606. <https://doi.org/10.1097/JGP.0b013e318252e7a7>
- Aldridge, J. (2006). The experiences of children living with and caring for parents with mental illness. *Child Abuse Review*, 15, 79–88. <https://doi.org/10.1002/car.904>
- Altun, Y., Özen, M., & Kuloğlu, M. M. (2019). Psikolojik sıkıntı ölçeğinin Türkçe uyarlaması: Geçerlilik ve güvenilirlik çalışması. *Anadolu Psikiyatri Dergisi*, 20(1), 23-31.
- Arıkan Çolak, D. (2019). Özel gereksinimli ve sağlıklı kardeşe sahip bireylerde ebeveynleşme olgusu ile ilişkili değişkenlerin incelenmesi. (Unpublished master's thesis). Hacettepe University
- Barnett, B., & Parker, G. (1998). The parentified child: Early competence or childhood deprivation? *Child Psychology and Psychiatry Review*, 3(4), 146-155. <https://doi.org/10.1017/S1360641798001695>
- Boscolo, L., Cecchin, G., Hoffman, L., & Penn, P. (1987). *Milan systemic family therapy*. New York: Basic Books.
- Boszormenyi-Nagy, I., & Spark, G. (1973). *Invisible loyalties: Reciprocity in intergenerational family therapy*. Hagerstown: Harper & Row.
- Bougie, E., Arim, R. G., Kohen, D. E., & Findlay, L. C. (2016). Validation of the 10-item Kessler psychological distress scale (K10) in the 2012 Aboriginal Peoples Survey. *Health reports*, 27(1), 3.

- Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.
- Burnett, G., Jones, R.A., Bliwise, N.G., & Ross, L.T. (2006). Family unpredictability, parental alcoholism, and the development of parentification. *American Journal of Family Therapy*, 34, 181–189.
<https://doi.org/10.1080/01926180600550437>
- Burt, A. (1992). *Generation boundary distortion: Implications for object relations development*. [Doctoral dissertation, Georgia State University, Atlanta, GA].
- Burton, L. (2007). Childhood adultification in economically disadvantaged families: A conceptual model. *Family Relations*, 56(4), 329-345.
<https://doi.org/10.1111/j.1741-3729.2007.00463.x>
- Calhoun, L. G., & Tedeschi, R. G. (Eds.). (2014). *Handbook of posttraumatic growth: Research and practice*. Routledge.
- Chen, C. Y., & Panebianco, A. (2020). Physical and psychological conditions of parental chronic illness, parentification, and adolescent psychological adjustment. *Psychology & Health*, 35(9), 1075–1094.
<https://doi.org/10.1080/08870446.2019.1699091>
- Chase, N. D. (Ed.) (1999). *Burdened children: Theory, research, and treatment of parentification*. SAGE Publications, Inc.
<https://dx.doi.org/10.4135/9781452220604>
- Chopko, B. A., Palmieri, P. A., & Adams, R. E. (2019). Posttraumatic growth in relation to the frequency and severity of traumatic experiences among police officers in small to midsize departments. *Journal of Interpersonal Violence*, 34(6), 1247-1260. <https://doi.org/10.1177/0886260516651089>
- Cicchetti, D. (2004). An odyssey of discovery: Lessons learned through three

decades of research on child maltreatment. *American Psychologist*, 59(8), 731- 741. <https://doi.org/10.1037/0003-066X.59.8.731>

Diaz, N., Siskowski, C., & Connors, L. (2007). Latino young caregivers in the United States: Who are they and what are the academic implications of this role? *Child & Youth Care Forum*, 36(4), 131–140. <https://doi.org/10.1007/s10566-007-9040-4>

Drapeau, A., Marchand, A., & Beaulieu-Prévost, D. (2012). Epidemiology of psychological distress. *Mental Illnesses-Understanding, Prediction and Control*, 69(2), 105-106. <https://doi.org/10.5772/30872>

Duch-Ceballos, C., Oliver Pece, J., & Skowron, E. (2021). Differentiation of self and its relationship with emotional self-regulation and anxiety in a Spanish sample. *The American Journal of Family Therapy*, 49(5), 517-533. <https://doi.org/10.1080/01926187.2020.1841039>

Easton, S. D., Safadi, N. S., Wang, Y., & Hasson, R. G. (2017). The Kessler psychological distress scale: Translation and validation of an Arabic version. *Health and Quality of Life Outcomes*, 15, 215. <https://doi.org/10.1186/s12955-017-0783-9>

Friedman, E. H. (1991). Bowen theory and therapy. In A. S. Gurman & D. P. Kniskern (Eds.), *Handbook of Family Therapy* (pp. 134–170). Brunner/Mazel.

Fryers, T., Melzer, D., & Jenkins, R. (2003). Social inequalities and the common mental disorders: a systematic review of the evidence. *Social Psychiatry and Psychiatric Epidemiology*, 38, 229-237. <https://doi.org/10.1007/s00127-003-0627-2>

- Gao, W., Ping, S., & Liu, X. (2020). Gender differences in depression, anxiety, and stress among college students: a longitudinal study from China. *Journal of Affective Disorders*, 263, 292-300.
- Gladstone, B. M., Boydell, C. M., & McKeever, P. (2006). Recasting research into children's experiences of parental mental illness: Beyond risk and resilience. *Social Science and Medicine*, 62, 2540–2550.
<https://doi.org/10.1016/j.socscimed.2005.10.038>
- Gondek, D., Patalay, P., Sacker, A., Gagné, T., Danese, A., & Lacey, R. E. (2021). Adverse childhood experiences and trajectories of psychological distress in adulthood: An analysis of the 1958 British birth cohort. *medRxiv*, 2021-05.
<https://doi.org/10.1101/2021.05.19.21257499>
- Haley, J. (1976). *Problem-solving therapy: New strategies for effective family therapy*. San Francisco: Jossey-Bass.
- Hayes, A.F. (2013). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. New York, NY: Guildford Press.
- Holman, T. B., & Busby, D. M. (2011). Family-of-origin, differentiation of self and partner, and adult romantic relationship quality. *Journal of Couple & Relationship Therapy*, 10(1), 3-19.
<https://doi.org/10.1080/15332691.2010.539171>
- Hooper, L. M. (2003). *Parentification, resiliency, secure adult attachment style, and differentiation of self as predictors of growth among college students* (Publication No. 52632730) [Thesis Dissertation, The George Washington University]. ProQuest Dissertations Publishing.
- Hooper, L. M. (2007a). Expanding the discussion regarding parentification and its

varied outcomes: Implications for mental health research and practice.

Journal of Mental Health Counseling, 29, 322–337.

https://doi.org/10.1007/978-1-4419-1695-2_169

Hooper, L. M. (2007b). The application of attachment theory and family systems theory to the phenomena of parentification. *The Family Journal*, 15(3), 217–223. <https://doi.org/10.1177/1066480707301290>

Hooper, L. M. (2009). Parentification inventory. Available from LM Hooper, Department of Educational Studies in Psychology, Research Methodology, and Counseling, The University of Alabama, Tuscaloosa, AL, 35487.

Hooper, L. M., Decoster, J., White, N., & Voltz, M. L. (2011a). Characterizing the magnitude of the relationship between self-reported childhood parentification and adult psychopathology: A meta-analysis. *Journal of Clinical Psychology*, 67(10), 1028–1043. <https://doi.org/10.1002/jclp.20807>

Hooper, L. M., Doehler, K., Wallace, S. A., & Hannah, N. J. (2011b). The Parentification Inventory: Development, validation, and cross-validation. *The American Journal of Family Therapy*, 39(3), 226–241. <https://doi.org/10.1080/01926187.2010.531652>

Hooper, L. M., Marotta, S. A., & Lanthier, R. P. (2008). Predictors of growth and distress following childhood parentification: A retrospective exploratory study. *Journal of Child and Family Studies*, 17(5), 693–705. <https://doi.org/10.1007/s10826-007-9184-8>

Hooper, L. M., & Wallace, S. A. (2010). Evaluating the parentification questionnaire: Psychometric properties and psychopathology correlates. *Contemporary Family Therapy*, 32(1), 52–68.

<https://doi.org/10.1007/s10591-009-9103-9>

Horwitz, A. V. (2002). Selecting outcomes for the sociology of mental health: Issues of measurement and dimensionality. *Journal of Health and Social Behavior*, 43(2).

Işık, E., & Bulduk, S. (2015). Psychometric properties of the differentiation of self inventory-revised in Turkish adults. *Journal of Marital and Family Therapy*, 41(1), 102-112. <https://doi.org/10.1111/jmft.12022>

Jacobvitz, D., & Bush, N. F. (1996). Reconstructions of family relationships: Parent-child alliances, personal distress, and self-esteem. *Developmental Psychology*, 32, 732-743. <https://doi.org/10.1037/0012-1649.32.4.732>

Jankowski, P. J., & Hooper, L. M. (2014). Parentification and alcohol use: Conditional effects of religious service attendance. *Counseling and Values*, 59(2), 174-191. <https://doi.org/10.1002/j.2161-007X.2014.00050.x>

Jankowski, P. J., Hooper, L. M., Sandage, S. J., & Hannah, N. J. (2013). Parentification and mental health symptoms: Mediator effects of perceived unfairness and differentiation of self. *Journal of Family Therapy*, 35(1), 43-65. <https://doi.org/10.1111/j.1467-6427.2011.00574.x>

Jurkovic, G. J. (1997). *Lost Childhoods: The plight of the parentified child*. New York: Brunner Mazel. <https://doi.org/10.4324/9781315825762>

Jurkovic, G. J. (1998). Destructive parentification in families: Causes and consequences. In L. L. Abate (Ed.), *Family Psychopathology* (pp. 237-255). New York: Guilford

Jurkovic, G.J., Kuperminc, G.P. Perilla, J., Murphy, A., Ibanez, G., & Casey, S. (2004). Ecological and ethical perspectives on filial responsibility:

implications for primary prevention with immigrant Latino adolescents.

Journal of Primary Prevention, 25, 81-104. [https://doi.org/ 0278-](https://doi.org/0278-095X/04/0900-0081/0)

095X/04/0900-0081/0

Jurkovic, G. J., Morrell, R., & Casey, S. (2001a). Parentification in the lives of high-profile individuals and their families: A hidden source of strength and distress. In B. E. Robinson & N. Chase (Eds.), *High-performing families: Causes, consequences, and clinical solutions* (pp. 92-113). Washington, DC: American Counseling Association.

Jurkovic, G. J., & Thirkield, A. (1998). Parentification Questionnaire, *Georgia State University*.

Jurkovic, G. J., Thirkield, A., & Morrell, R. (2001b). Parentification of adult children of divorce: A multidimensional analysis. *Journal of Youth and Adolescence*, 30, 245-257. <https://doi:10.1023/A:1010349925974>

Kagitcibasi, C. (1996). *Family and human development across cultures: A view from the other side*. Lawrence Erlbaum Associates, Inc.

Kagitcibasi, C. (2005). Autonomy and relatedness in cultural context: Implications for self and family. *Journal of Cross-Cultural Psychology*, 36(4), 403-422. <https://doi.org/10.1177/0022022105275959>

Kagitcibasi, C., & Ataca, B. (2005). Value of children and family change: A three-decade portrait from Turkey. *Applied Psychology*, 54(3), 317-337. <https://doi.org/10.1111/j.1464-0597.2005.00213.x>

Karataş, A., & Gündüz, B. (2021). Ebeveynleşme ile depresyon, kaygı, stres arasındaki ilişkide benliğin ayrımlaşmasının aracı rolü. *OPUS Uluslararası Toplum Araştırmaları Dergisi*. <https://doi.org/10.26466/opus.883816>

- Katz, J., Petracca, M., & Rabinowitz, J. (2009). A retrospective study of daughters' emotional role reversal with parents, attachment anxiety, excessive reassurance-seeking, and depressive symptoms. *The American Journal of Family Therapy*, 37, 185–195. <https://doi:10.1080/01926180802405596>
- Kerig, P. K. (2005). Revisiting the construct of boundary dissolution: A multidimensional perspective. *Journal of Emotional Abuse*, 5(2-3), 5-42. https://doi.org/10.1300/J135v05n02_02
- Kerr, M. E. (1981). Family systems theory and therapy. *Handbook of Family Therapy*, 1, 226-264.
- Kerr, M. E., Bowen, M., & Kerr, M. E. (1988). *Family evaluation*. WW Norton & Company.
- Kessler, R. C., Price, R. H., & Wortman, C. B. (1985). Social factors in psychopathology: Stress, social support, and coping processes. *Annual Review of Psychology*, 36(1), 531-572. <https://doi.org/10.1001/archpsyc.60.2.184>
- Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., ... & Zaslavsky, A. M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*, 60(2), 184-189. <https://doi.org/10.1001/archpsyc.60.2.184>
- Kline, R. B. (2011). *Principles and practice of structural equation modeling* (3rd ed.). New York: Guilford Press.
- Krycak, R. C., Murdock, N. L., & Marszalek, J. M. (2012). Differentiation of self, stress, and emotional support as predictors of psychological distress. *Contemporary Family Therapy*, 34(4), 495-515.

<https://doi.org/10.1007/s10591-012-9207-5>

Köyden, D. (2015). *Ebeveynleşme olgusunun depresyon, kaygı, ofke ve obsesif inaniş biçimleriyle ilişkisinin incelenmesi*. [Master's thesis, Hacettepe University]. Psikoloji Bölümü Tez Koleksiyonu.

<http://hdl.handle.net/11655/1320>

Köyden, D. ve Uluç, S. (2018). Ebeveynleşme ile psikolojik belirtiler arasındaki ilişkide cinsiyetin ve ebeveynleşmeden algılanan yararın rolü. *Türk Psikoloji Dergisi*, 33(81), 28-38.

Kubiak, S. P. (2005). Trauma and cumulative adversity in women of a disadvantaged social location. *American Journal of Orthopsychiatry*, 75(4), 451-465.

<https://doi.org/10.1037/0002-9432.75.4.451>

Kuehner, C. (2003). Gender differences in unipolar depression: an update of epidemiological findings and possible explanations. *Acta Psychiatrica Scandinavica*, 108(3), 163-174. <https://doi.org/10.1034/j.1600-0447.2003.00204.x>

Kuperminc, G. P., Jurkovic, G. J., & Casey, S. (2009). Relation of filial responsibility to the personal and social adjustment of Latino adolescents from immigrant families. *Journal of Family Psychology*, 23(1), 14–22. <https://doi.org/10.1037/a0014064>

Lam, J. R., Tyler, J., Scurrah, K. J., Reavley, N. J., & Dite, G. S. (2019). The association between socioeconomic status and psychological distress: a within and between twin study. *Twin Research and Human Genetics*, 22(5), 312-320. <https://doi.org/10.1017/thg.2019.91>

Lampis, J., Cataudella, S., Speziale, R., & Elat, S. (2020). The role of differentiation

of self dimensions in the anxiety problems. *The Family Journal*, 28(1), 90-97.

<https://doi.org/10.1177/1066480719894943>

Leach, L. S., Christensen, H., Mackinnon, A. J., Windsor, T. D., & Butterworth, P.

(2008). Gender differences in depression and anxiety across the adult

lifespan: the role of psychosocial mediators. *Social Psychiatry and*

Psychiatric Epidemiology, 43, 983-998. [https://doi.org/10.1007/s00127-008-](https://doi.org/10.1007/s00127-008-0388-z)

0388-z

Little, R. J. (1988). A test of missing completely at random for multivariate data with

missing values. *Journal of the American Statistical Association*, 83(404),

1198-1202.

Lorant, V., Delière, D., Eaton, W., Robert, A., Philpott, P., & Anseau, M. (2003).

Socioeconomic inequalities in depression: a meta-analysis. *American Journal*

of Epidemiology, 157(2), 98-112. <https://doi.org/10.1093/aje/kwf182>

Madanes, C. (1981). *Strategic family therapy*. San Francisco, CA: Jossey-Bass.

McMahon, T. J., & Luthar, S. S. (2007). Defining characteristics and potential

consequences of caretaking burden among children living in urban

poverty. *American Journal of Orthopsychiatry*, 77(2), 267–

281. <https://doi.org/10.1037/0002-9432.77.2.267>

Meier, M., Martin, J., Bureau, J. F., Speedy, M., Levesque, C., & Lafontaine, M. F.

(2014). Psychometric properties of the mother and father compulsive

caregiving scales: A brief measure of current young adult caregiving

behaviors toward parents. *Attachment & Human Development*, 16(2), 174-

191. <https://doi.org/10.1080/14616734.2013.870809>

Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard

University Press.

Minuchin, P. (1988). Relationships within the family: A systems perspective on development. In R. A. Hinde & J. Stevenson-Hinde (Eds.), *Relationships within families: Mutual influences* (pp. 7-26). Oxford, England: Clarendon Press.

Minuchin, S., Montalvo, B., Guerney, B., Rosman, B., & Schumer, F. (1967). *Families of the slums*. New York: Basic Books.

Mozas-Alonso, M., Oliver, J., & Berástegui, A. (2022). Differentiation of self and its relationship with marital satisfaction and parenting styles in a Spanish sample of adolescents' parents. *Plos One*, 17(3), e0265436.
<https://doi.org/10.1371/journal.pone.0265436>

Mølstrøm, I. M., Henriksen, M. G., & Nordgaard, J. (2020). Differential-diagnostic confusion and non-specificity of affective symptoms and anxiety: An empirical study of first-admission patients. *Psychiatry Research*, 291, 113302. <https://doi.org/10.1016/j.psychres.2020.113302>

Murdock, N. L., & Gore, P. A. (2004). Stress, coping, and differentiation of self: A test of Bowen theory. *Contemporary Family Therapy*, 26(3), 319-335.
<https://doi.org/10.1023/B:COFT.00000037918.53929.18>

Murray, T. L., Jr., Daniels, M. H., & Murray, C. E. (2006). Differentiation of self, perceived stress, and symptom severity among patients with fibromyalgia syndrome. *Families, Systems, & Health*, 24(2), 147–159.
<https://doi.org/10.1037/1091-7527.24.2.147>

Oishi, S., Schimmack, U., Diener, E., Kim-Prieto, C., Scollon, C.N., & Choi, D. (2007). The value-congruence model of memory for emotional experiences:

An explanation for cultural differences in emotional self-reports. *Journal of Personality and Social Psychology*, 93, 897–905.

<https://doi.org/10.1037/0022-3514.93.5.897>

Olson, M., & Gariti, P. (1993). Symbolic loss in horizontal relating: Defining the role of parentification in addictive/destructive relationships. *Contemporary Family Therapy*, 15(3), 197-208. <https://doi.org/10.1007/BF00894395>

Peris, T.S., Goeke-Morey, M.C., Cummings, E.M., & Emery, R.E. (2008). Marital conflict and support seeking by parents in adolescence: Empirical support for the parentification construct. *Journal of Family Psychology*, 22, 633-642. <https://doi.org/10.1037/a0012792>

Perrin, M. B., Ehrenberg, M. F., & Hunter, M. A. (2013). Boundary diffusion, individuation, and adjustment: Comparison of young adults raised in divorced versus intact families. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, 62(5), 768–782. <https://doi.org/10.1111/fare.12040>

Rodríguez-González, M., Skowron, E. A., Cagigal de Gregorio, V., & Muñoz San Roque, I. (2016). Differentiation of self, mate selection, and marital adjustment: Validity of postulates of Bowen theory in a Spanish sample. *The American Journal of Family Therapy*, 44(1), 11-23. <https://doi.org/10.1080/01926187.2015.1099415>

Scott, K. M., Smith, D. R., & Ellis, P. M. (2010). Prospectively ascertained child maltreatment and its association with DSM-IV mental disorders in young adults. *Archives of General Psychiatry*, 67(7), 712-719. <https://doi.org/10.1001/archgenpsychiatry.2010.71>

- Selvini-Palazzoli, M., Boscolo, L., Cecchin, G., & Prata, G. (1980). Hypothesizing-circularity-neutrality: Three guidelines for the conductor of the session, *Family Process*, 19, 3-12. <https://doi.org/10.1111/j.1545-5300.1980.00003.x>
- Shaffer, A., & Sroufe, L. A. (2005). The developmental and adaptational implications of generational boundary dissolution: Findings from a prospective, longitudinal study. *Journal of Emotional Abuse*, 5, 67-84. https://doi.org/10.1300/J135v05n02_04
- Shifren, K., & Kachorek, L. V. (2003). Does early caregiving matter? The effects on young caregivers' adult mental health. *International Journal of Behavioural Development*, 27, 338-346. <https://doi.org/10.1080/01650250244000371>
- Shih, F.-M., Wu, L.-C., & Lin, S.-H. (2010). A correlational study on parentification, self-differentiation, and health for students in senior high and vocational high schools in Taiwan. *Bulletin of Educational Psychology*, 41(4), 823-846.
- Simonds, V. M., & Whiffen, V. E. (2003). Are gender differences in depression explained by gender differences in co-morbid anxiety?. *Journal of Affective Disorders*, 77(3), 197-202. [https://doi.org/10.1016/S0165-0327\(02\)00113-1](https://doi.org/10.1016/S0165-0327(02)00113-1)
- Skowron, E. A., & Friedlander, M. L. (1998). The Differentiation of Self Inventory: Development and initial validation. *Journal of Counseling Psychology*, 45(3), 235. <https://doi.org/10.1037/0022-0167.45.3.235>
- Skowron, E. A., & Schmitt, T. A. (2003). Assessing interpersonal fusion: Reliability and validity of a new DSI fusion with others subscale. *Journal of Marital and Family Therapy*, 29(2), 209-222. <https://doi.org/10.1111/j.1752-0606.2003.tb01201.x>
- Smith, J., & Ross, H. (2007). Training parents to mediate sibling disputes affects

- children's negotiation and conflict understanding. *Child Development*, 78, 790–805. <https://doi.org/10.1111/j.1467-8624.2007.01033.x>
- Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine*, 166(10), 1092-1097. <https://doi.org/10.1001/archinte.166.10.1092>
- Sroufe, L. A., & Fleeson, J. (1988). The coherence of family relationships. In R. A. Hinde & J. Stevenson-Hinde (Eds.), *Relationships within families: Mutual influences* (pp. 27-47). Oxford, England: Oxford University Press.
- Sroufe, L. A., & Ward, J. J. (1980). Seductive behavior of mothers of toddlers: Occurrence, correlates and family origins. *Child Development*, 51, 1222–1229. <https://doi.org/10.2307/1129564>
- Stein, J. A., Riedel, M., & Rotheram-Borus, M. J. (1999). Parentification and its impact on adolescent children of parents with AIDS. *Family Process*, 38, 193-208. <https://doi.org/10.1111/j.1545-5300.1999.00193.x>
- Tabachnick, B. G., Fidell, L. S., & Ullman, J. B. (2007). *Using multivariate statistics* (5th ed.). Boston, MA: Pearson.
- Tedeschi, R. G., & Calhoun, L. G. (1995). *Trauma and transformation*. Thousand Oaks, CA: Sage Publications.
- Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (Eds.). (1998). *Posttraumatic growth: Positive changes in the aftermath of crisis*. Routledge.
- Teicher, M. H., & Samson, J. A. (2016). Annual research review: enduring neurobiological effects of childhood abuse and neglect. *Journal of Child Psychology and Psychiatry*, 57(3), 241-266. <https://doi.org/10.1111/jcpp.12507>

- Tomeny, T. S., Barry, T. D., & Fair, E. C. (2017). Parentification of adult siblings of individuals with autism spectrum disorder: Distress, sibling relationship attitudes, and the role of social support. *Journal of Intellectual & Developmental Disability, 42*(4), 320-331.
<https://doi.org/10.3109/13668250.2016.1248376>
- Tuason, M. T., & Friedlander, M. L. (2000). Do parents' differentiation levels predict those of their adult children? And other tests of Bowen theory in a Philippine sample. *Journal of Counseling Psychology, 47*(1), 27–35.
<https://doi.org/10.1037/0022-0167.47.1.27>
- Tucker, C. J., McHale, S. M., & Crouter, A. C. (2008). Links between older and younger adolescent siblings' adjustment: The moderating role of shared activities. *International Journal of Behavioral Development, 32*, 152–160.
<https://doi.org/10.1177/0165025407087214>
- Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York: Norton.
- Wheaton, B. (2007). The twain meet: Distress, disorder and the continuing conundrum of categories (comment on Horwitz). *Health: An Interdisciplinary Journal for the Social Study of Health, Illness, and Medicine, 11*(3), 303-319. <https://doi.org/10.1177/1363459307077545>
- Widom, C. S. (1999). Posttraumatic stress disorder in abused and neglected children grown up. *American Journal of Psychiatry, 156*(8), 1223-1229.
<https://doi.org/10.1176/ajp.156.8.1223>
- West, M. L., & Keller, A. E. (1991). Parentification of the child: A case study of Bowlby's compulsive care-giving attachment pattern. *American Journal of*

Psychotherapy, 45(3), 425-431.

<https://doi.org/10.1176/appi.psychotherapy.1991.45.3.425>

Whiteman, S.D., McHale, S. M., & Crouter, A.D. (2007). Competing processes of sibling influence: Observational learning and sibling deidentification. *Social Development*, 16, 642–661. <https://doi.org/10.1111/j.1467-9507.2007.00409.x>

2007.00409.x

Williams, K. (2015). *Risk and resilience in emerging adults with childhood parentification*. [Doctoral thesis, University of Windsor]. Electronic Theses and Dissertations. <https://scholar.uwindsor.ca/etd/5677286>.

Williams, K., & Francis, S. E. (2010). Parentification and psychological adjustment: Locus of control as a moderating variable. *Contemporary Family Therapy*, 32(3), 231-237. <https://doi.org/10.1007/s10591-010-9123-5>