

**PREDICTIVE ASSOCIATION BETWEEN PARENTIFICATION
AND PSYCHOLOGICAL WELL-BEING IN YOUNG ADULTS**

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ABSTRACT

The present study aimed to examine the predictive association between parentification and the psychological well-being in young adults. This study used a quantitative, cross-sectional correlational design. A sample of 300 young adults aged 18-25 years with mean age of 21.19 years ($\pm SD = 2.13$) was taken as participants for the study. A demographic form, Parentification Inventory (Hooper, 2009), and Ryff's Psychological Well-being Scale (Ryff & Keyes, 1995) were used to measure the variables of parentification and psychological well-being, respectively. Descriptive statistics and regression analysis were performed for the statistical analysis of the data. The findings show parentification a significant predictor of psychological well-being as well as a significant positive association between parentification and psychological well-being in young adults is also evident. The study results offer implications for parents and mental health professionals to enhance healthy and more balanced caregiver roles in families.

Keywords: Parentification, Psychological, Well-Being, Young Adults

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INTRODUCTION

Family values are fundamental in collectivist cultures like Pakistan (Minuchin, 1988). Pakistan is a Muslim country, with over 96% of the population being Muslim (Pakistan Bureau of Statistics, 2023) and predominant Islamic values in every sphere of life (Nasr, 2002). These teachings emphasize the importance for parents in nurturing their children's physical, emotional, social and spiritual needs (Al-Hashimi, 1998). Similarly, the Quran (Islamic scripture) conveys a clear message that children should respect and care for their parents, especially as they age (Quran 17: 23-24).

In these cultural contexts, children are mostly given the adult role obligations leading to parentification. Parentification occurs when a child begins to take responsibility for the parents (Hooper et al., 2008). Parentification can be instrumental when an individual is responsible for taking on household tasks, or emotional when taking care of the emotions of the family (Gilford & Reynolds, 2011). It can also be classified as parent focused (taking responsibility towards the parents) or sibling focused (performing caregiving duties for siblings). Whereas perceived benefit parentification looks at how individuals feel about these responsibilities and the positive meaning they may attach to them (Hooper et al., 2011). A study by Jurkovic (1997) shows that when there are problems like medical illness, substance use or family conflicts, parentification is more likely to become prevalent. These situations can be very stressful for adolescents and young adults (Arnett, 2000).

While considering the effects of parentification, studies explored that its effects vary from culture to culture (Earley & Cushway, 2002). In the context of its impacts, Hooper et al. (2011) explored a complex relationship of caregiving roles with psychological well-being. The work of Ryff (1989) related to psychological well-being is elementary emphasizing on the major six aspects of psychological well-being, including purpose in life, personal growth, positive relationships with others, self-acceptance, autonomy and environmental mastery. Research suggests that accepting and managing caregiving roles in a positive manner in early adulthood is associated with greater confidence, emotional resilience and increased well-being (Hooper et al., 2014). However, if it becomes too demanding, the stress, burnout and even ambivalent feelings occur (Jurkovic, 1997).

A glance at the literature related to negative association of parentification with psychological well-being indicates that such role reversal can impact one's

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psychological well-being, as taking on family responsibilities can be difficult and draining. It may result in difficulty with identity development and lead to challenges in later life (Hooper et al., 2008; Dariotis et al., 2023). Jurkovic et al., (1999) stated that parentified children may face challenges related to social isolation, difficulty in trusting others and heightened distress. Ryff and Heidrich (1997) suggested that when dysfunctional families put so many responsibilities on young children, they get stressed and their psychological well-being mostly suffers.

At the same time, looking at the other side, the positive aspect of this phenomenon is interestingly helping the individual to build self-esteem, resilience, competence and empathy (Borchet et al., 2020). In several cultures, taking responsibility for elders is a major value attached with respect and loyalty (McMahon & Luthar, 2007). It also enhances communication within the family and strengthens the bond among family members (Kuperminc et al., 2009). Past research shows that some individuals who experienced parentification are more likely to be mature, caring, emotionally intelligent, and show a prominent level of satisfaction with life (Dariotis et al., 2023). Hooper and colleagues (2008) also highlighted that parentified individuals develop confidence, resilience and emotional strength, leading to better psychological well-being. In the same context, East (2010) studied that when children are assigned responsibility, they become more autonomous, develop self-efficacy and personal growth.

The variable effect of parentification is mostly related to the environment and individual differences (Hooper et al., 2011). Review of the literature is reflective of the fact that parentification has been studied extensively in Western contexts. However, the research in Asian cultures, particularly, in Pakistan, remains limited. Keeping in view such empirical findings, the present study aims to explore the predictive association between parentification and the psychological well-being in young adults.

METHOD

Participants

This research comprised of 300 young adults, aged 18 to 25 years with mean age of 21.19 years ($\pm SD = 2.13$). The study sample was chosen via purposive sampling technique from different universities in Karachi based on the following inclusion and exclusion criteria:

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- Unmarried young adults aged 18 to 25 who had at least one sibling were included.
- Participants with an education level above intermediate and studying at different universities were included.
- Participants from all socioeconomic statuses were part of the study.
- The married participants were excluded from the study.
- Participants who were the only children of their parents were also excluded from the study.
- Participants with an education level below intermediate or who faced difficulty understanding English language were not part of the study.
- Individuals with a history of any medical, neurological, psychological, as well as mental, or substance use disorder were excluded from the research.

Measures

Demographic Form

The demographic form collected participants' characteristics such as age, gender, birth order, marital status, education, family structure, income group, parents and health-related information.

Parentification Inventory

The Parentification Inventory (PI) (Hooper, 2009) consists of 22 items evaluating the extent to which individuals took on caregiving roles in childhood and perceived benefit from these experiences. The measure includes three subscales: *parent focused parentification* (PFP), measuring adult roles assumed for parents; *sibling focused parentification* (SFP), assessing caregiving roles for siblings; and *perceived benefit of parentification* (PBP), examining perceived benefits from these caregiving experiences (Hooper et al., 2011). On a Likert scale ranging from 1 (*never true*) to 5 (*always true*), participants evaluated each statement. Higher values indicate a stronger experience of parentification. Each

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subscale score is averaged to determine the PI scores. According to Hooper and Doehler (2011), the internal consistency of PI ranges from .79 to .84.

Ryff's Psychological Well-being Scale

The Ryff's Psychological Well-being Scale (Ryff & Keyes, 1995) assesses well-being across six core dimensions: purpose in life, personal growth, autonomy, self-acceptance, environmental mastery and positive relationships with others. The scale was originally designed with 120 items and later refined into several shorter formats of 18, 24, 42, 54 and 84 items while keeping the same six dimensions as part of the measure. The present study utilized the 42-item version. Participants respond to each item using a six-point Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). Some items are reverse scored. The scale uses a sum-score method; scores range from 42 to 252, indicating poor well-being at 42-112, fair well-being at 113 to 182, and high well-being when the scores are 183 to 252. Internal consistency of the scale ranges from .83 to .91 (Keyes, 2002).

Procedure

The research followed all ethical research standards. The University of Karachi's Advanced Studies and Research Board (ASRB) reviewed the material and research proposal and granted approval. Permissions were taken from the primary authors to use the measures. The authorities of the different universities were approached to take permission for data collection. Then the participants were provided with an informed consent form that explained the study details and their right to participate voluntarily. Which also described the withdrawal of participants at any time from the study without any consequences. The participants who gave their consent were given a demographic form followed by the Parentification Inventory and Ryff's Psychological Well-being Scale, which took 15 to 20 minutes to complete. Following the completion of the data collection process, each questionnaire was scored according to the standard scoring system. Participants' questions and concerns were answered and they were thanked for their voluntary participation.

Statistical Analysis

The Statistical Package for the Social Sciences (SPSS, V-25) was used to statistically analyze the data. Descriptive statistics (means, standard deviations, percentages and frequency distributions) were used to analyze demographic

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characteristics, while simple linear regression analysis was applied to determine the association between parentification and the psychological well-being of young adults.

RESULTS

Table 1
Demographic Characteristics of the Participants (N=300)

Variables	F	%
Gender		
Male	150	50
Female	150	50
Family Structure		
Nuclear	159	53
Joint	141	47
	<i>M</i>	<i>SD</i>
Age	21.19	2.13

Table 2
Simple Linear Regression Analysis with Parent Focused Parentification as a Predictor of Psychological Well-Being of Young Adults (N=300)

Predictors	<i>B</i>	<i>SE</i>	β	<i>R</i> ²	<i>F</i>	<i>Sig.</i>
Constant	155.96	5.58				
PFP	3.60	1.83	.11	.01	3.86	.05*

Note. PFP = Parent Focused Parentification

**p* < .05

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Table 3

Simple Linear Regression Analysis with Sibling Focused Parentification as a Predictor of Psychological Well-Being of Young Adults(N=300)

Predictors	B	SE	β	R^2	F	Sig.
Constant	155.12	5.64				
SFP	3.85	1.84	.12	.02	4.39	.04*

Note. SFP = Sibling Focused Parentification

* $p < .05$

Table 4

Simple Linear Regression Analysis with Perceived Benefit Parentification as a Predictor of Psychological Well-Being of Young Adults(N=300)

Predictors	B	SE	β	R^2	F	Sig.
Constant	126.28	4.68				
PBP	10.46	1.18	.46	.21	79.19	.00*

Note. PBP = Perceived Benefit Parentification

* $p < .05$

DISCUSSION

The research findings indicate that various types of parentification, such as taking care of parents, giving support to siblings, and the recognition of benefits from being involved in caregiving roles appear to be positively associated with psychological well-being. Further parent focused parentification is likely to be significant and accounted for 1% variance (Table 2) whereas sibling focused parentification and perceived benefit parentification are found to be significant predictors of psychological well-being in young adults accounting for 2%, and 21% variation respectively (Table 3 & 4). The findings are reflective of the fact

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that young adults associate their roles as a caregiver with psychological wellbeing when they perceive it as meaningful and rewarding. These findings are consistent with earlier studies of East (2010) suggesting that parentification does not always result in negative consequences. For example, when the environment is supportive, caregiving roles contribute to increasing confidence, resilience and psychological maturity. In a similar manner Hooper et al., (2014) described that an individual experiencing a caregiving role in a positive way, most likely develop healthy emotional adjustment and stronger coping strategies. Further studies also validated the findings and associated caregiving roles to empathy, self-control, problem-solving abilities, long-term resilience and maturity development (Gilford & Reynolds, 2011; Hooper, 2015).

Moreover, looking at the findings in the perspective of Pakistan which has predominant Islamic values and a collectivist culture emphasizing on mutual care, shared responsibility and respect for family members, particularly parents. In Surah Luqman (31:14), it is stated the importance of honoring and caring for one's parents and recognizing the sacrifices they make in raising their children. Similarly, the Prophet Muhammad (PBUH) stated that caring for one's mother brings spiritual fulfillment (Sunan an-Nasa'i, Book 25, Hadith 3104). Due to such practices young individuals become more concerned and respectful with others and consider these roles as ways of spiritual fulfillments and rewarding which reduces the emotional strain while increasing meaning in life (Masten, 2014).

McMahon and Luthar (2007), further explained positive perception of caregiving role in collectivist cultures and described the positive association with filial piety, trust in the family, and respect towards the elders. In addition studies in African Americans and Indian Americans are indicative of caregiving role and support along with reciprocity and family cohesion are significant values for the sense of belongingness in the families (Burton et al., 2018; Jervis et al., 2010). Aligning with this literature Kuperminc et al. (2009) considered parentification as an elementary factor to promote family cohesion and attachment. Jurkovic et al. (2001) added that in well supported families, individuals are more likely to see their caregiving roles in a positive way. They feel proud of themselves when they do things by themselves (East, 2010; Stein et al., 2007). Previous literature also highlights several positive outcomes linked to parentification, such as self-esteem and better relationships with the family (Borchet et al., 2020; Borchet et al., 2021). Aldridge and Becker (2002) highlighted that parentification within the context of healthy families would result in emotional intelligence and self-regulation. In line with that, parentification engenders more cognitive empathy and is associated with

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prosocial behavior (Kuperminc et al., 2009). Tompkins (2007) suggests that parentification in certain circumstances may result in resilience, emotional hardness and heightened interpersonal sensitivity. According to Stein et al. (2007), early parentification was linked to increased coping skills and decreased risk behavior in the long term. The study also found that these caring roles did not predict subsequent emotional distress, highlighting positive long-term effects when young individuals are adequately supported. Research evidence indicates that when compare the culture of European American origin, they emphasize more on self-sufficiency and freedom, while native Latin Americans, people of Asia and Africa are more family inclined and tend to fulfil family related duties and responsibilities (Khafi et al., 2014). Caregiving is when understand with this approach, the adverse effects of the role reduce (Gelman & Rhames, 2018; Khafi et al., 2014).

It is concluded that the parentification experience has both positive and negative effects. This is indicative of the fact that the roles of caregiving may be demanding and growth enhancing, depending on the context. Caregiving in the Pakistani context is usually influenced by cultural and religious values in a manner that makes it seem positive and meaningful as opposed to being a burden. To the extent that the roles are experienced in stable and supportive families, they may support emotional development, reinforce relationships and add to long-term psychological well-being. This insight guides future interventions to support the family unit and facilitate young adults in a balanced, healthy caregiving role.

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