

City University of New York (CUNY)

CUNY Academic Works

All Dissertations, Theses, and Capstone
Projects

Dissertations, Theses, and Capstone Projects

9-2015

Parentification and Separation-Individuation in Siblings of Individuals with a Chronic Illness or Disability

Danielle Benveniste Stevens

Graduate Center, City University of New York

[How does access to this work benefit you? Let us know!](#)

More information about this work at: https://academicworks.cuny.edu/gc_etds/1143

Discover additional works at: <https://academicworks.cuny.edu>

This work is made publicly available by the City University of New York (CUNY).
Contact: AcademicWorks@cuny.edu

PARENTIFICATION AND SEPARATION-INDIVIDUATION IN SIBLINGS OF
INDIVIDUALS WITH A CHRONIC ILLNESS OR DISABILITY

by

Danielle Ilyana Benveniste Stevens

A dissertation submitted to the Graduate Faculty in Clinical Psychology in partial
fulfillment of the requirements for the degree of Doctor of Philosophy

The City University of New York

2015

© 2015

DANIELLE ILYANA BENVENISTE STEVENS

All Rights Reserved

This manuscript has been read and accepted by the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

Date

Steven Tuber, Ph.D.
Chair of Examining Committee

Date

Maureen O'Connor, Ph.D.
Executive Officer, Psychology

Denise Hien, Ph.D.

Diana Puñales, Ph.D.

Benjamin Harris, Ph.D.

Eliot Jurist, Ph.D.
Supervisory Committee

ABSTRACT

PARENTIFICATION AND SEPARATION-INDIVIDUATION IN SIBLINGS OF INDIVIDUALS WITH A CHRONIC ILLNESS OR DISABILITY

By

Danielle Ilyana Benveniste Stevens

Advisor: Steven Tuber, Ph.D.

Well siblings of children with an illness or disability constitute a population of growing interest in psychological research. Past research suggests that these individuals may be likely to adopt increased caretaking responsibilities, or a parentified role, within the family. However, to date, few studies have examined the experiences of well siblings as they relate to late adolescent development. This study extends the well sibling research to the period of emerging adulthood and examines the degree to which 18 to 25 year-old well sibling and control groups report different levels of parentification and endorse different patterns of adolescent separation-individuation. In addition, this study explores the relationship between two constructs—parentification and separation-individuation—that have been linked in theory but rarely, if ever, been explored in research.

T-tests identified that well siblings endorsed increased emotional and overall parentification relative to controls but did not indicate that they differed significantly with regard to patterns of separation-individuation. Hierarchical regression analyses determined that perceived unfairness of parentification predicted problematic separation individuation, and that instrumental parentification predicted more adaptive, but potentially conflicted, negotiation of the separation-individuation process. These results provide evidence for the emotional parentification of well siblings beyond the childhood and early adolescent periods. In addition, this study indicates that parentification is

meaningfully related to the developmental tasks of separation and individuation that characterize emerging adulthood.

Keywords: emerging adulthood, parentification, separation-individuation, well siblings

ACKNOWLEDGMENTS

I would like to begin by expressing my respect and gratitude to the individuals who participated in this project, whose generosity, openness, and honesty made this research possible. I am deeply appreciative of their willingness to explore the dynamics and vicissitudes of their most significant relationships, and I wish them great luck as they continue to emerge into adulthood.

I would also like to thank my committee members for their help in making this dissertation a reality. I am grateful to Dr. Steve Tuber, my adviser and chair, for his encouragement and positivity throughout this process and for his unequalled commitment and enthusiasm as a professor. I would also like to thank Dr. Denise Hien, whose unfailing support has propelled me from admissions interview to dissertation defense and uplifted me through everything in between. I am grateful to Dr. Diana Puñales, whose patience, kindness, and insight have helped me increase my confidence as a clinician and my self-awareness as a colleague. I would like to thank Dr. Ben Harris for nurturing my passion for working with and writing about adult patients by creating a learning environment that was at once safe, rigorous, and challenging. Finally, I am tremendously grateful to Dr. Elliot Jurist for supporting me in academic and creative endeavors alike, and for providing me with opportunities to bring the two together.

The support, encouragement, and friendship of my cohort and colleagues at City have sustained me through this awesome journey. I am so grateful to have “grown up” in this brilliant and inspiring community. I would like to specifically and emphatically thank Jenny Wallach for the sunshine of her friendship and the boundless generosity of her help

with this and other significant undertakings. Thanks also to Bryce, for helping me take the crucial first steps. I am grateful to Davina for supporting my work and inspiring me with hers; to Plom for her curiosity, compassion, and understanding of psychoanalytic terminology; to Rob for his profound capacity to love, understand, challenge, and co-create with me; and to Alice, for all these things in her own way. I am indebted to my parents for their unconditional love and unwavering support, and to my family, which has grown exponentially larger and more wonderful over time. Finally, I would like to thank Jess Meyer Maria, whose loyal friendship largely inspired this research, and to whom I dedicate this dissertation, in memory of her brother Nick.

TABLE OF CONTENTS

ABSTRACT.....	iv
ACKNOWLEDGMENTS	vi
LIST OF TABLES.....	xi
CHAPTER 1: INTRODUCTION TO THE STUDY	1
CHAPTER 2: REVIEW OF THE LITERATURE.....	3
Well Siblings	3
Gender and birth order	7
Family and Parental Factors.....	8
Emerging Adulthood	12
Mental Health.....	15
Separation-Individuation.....	16
Parentification.....	22
Outcomes and Sequelae	24
Parentification and Identity Development.....	28
Cultural and Ethnic Variables	29
Research Questions.....	31
Definition of Terms	32
CHAPTER 3: METHODS.....	33
Participants	33
Materials	33
The Separation-Individuation Test of Adolescence.....	33

The Filial Responsibility Scale-Adult	40
Demographic and Biographical Questionnaire	41
Procedure	41
Hypotheses.....	43
Data Analysis.....	43
CHAPTER 4: RESULTS.....	45
Characteristics of the Sample	45
Analysis of Group Differences	48
Factor Analysis and Reduction of Variables	50
The Separation-Individuation Test of Adolescence	50
The Filial Responsibility Scale for Adults	52
Parentification: Well Siblings versus Controls.....	54
Effect of Parentification on SITA Anxiety-Denial Scores.....	57
Effect of Parentification on SITA Healthy-Peer Scores.....	58
Effect of Parentification on SITA Practicing-Nurturance Scores	58
Summary of Results	62
CHAPTER 5: DISCUSSION.....	63
Limitations and Future Directions.....	71
Conclusion.....	75
APPENDICES	77
Appendix A: Filial Responsibility Scale—Adult (FRS-A)	77
Appendix B: Separation-Individuation Test of Adolescence (SITA)	80
Appendix C: Recruitment Letters.....	83

Appendix D: Consent Form.....	85
REFERENCES	87

LIST OF TABLES

Table 1. Sample Characteristics.....	47
Table 2. Well Sibling Sample Characteristics	48
Table 3. Covariates Between Groups.....	49
Table 4. Summary of Exploratory Factor Analysis Results for SITA Subscales	51
Table 5. Correlations Between Subscales of the FRS-A (Past and Current)	53
Table 6. FRS-A Subscale and Total Scores for Well Siblings and Controls.....	55
Table 7. SITA Scores for Well Siblings and Controls (9-Subscale Model).....	56
Table 8. SITA Scores for Well Siblings and Controls (3-Factor Model).....	57
Table 9. Summary of Hierarchical Regression Analysis for Predicting SITA Anxiety- Denial Scores	59
Table 10. Summary of Hierarchical Regression Analysis for Predicting SITA Healthy- Peer Scores.....	60
Table 11. Summary of Hierarchical Regression Analysis for Predicting SITA Practicing- Nurturing Scores	61

CHAPTER 1: INTRODUCTION TO THE STUDY

Between 15% and 18% of school-aged children in the United States (approximately 12 million people) have a chronic illness or medical condition, commonly defined as a disorder of over three months duration, either potentially life-shortening or associated with a relatively normal life span, and causing impaired physical or mental functioning (Newacheck and Taylor, 1992; Mattson, 1972; Perrin et al., 1993).

Approximately 15% of American school-aged children have been diagnosed with developmental or intellectual disabilities such as mental retardation, behavior disorders, autism, physical impairments, cerebral palsy, sensory impairments, and specific learning disabilities (Boyle et al., 2011; Larson et al., 2000). Approximately one million children need significant medical support (Lamorey, 1999; Newacheck & Taylor, 1992), and though some require institutional care, the majority live at home. Well siblings of these individuals with a chronic illness or disability comprise a population of growing interest in the psychological literature. Parentification, a family dynamic wherein a child takes on increased functional or emotional caretaking responsibility (Hooper, 2007), emerges with some frequency in research on well siblings, suggesting that this population may be particularly likely to assume a caretaking role in their families.

Well sibling research thus far has been conducted almost exclusively on school-aged children and adolescents (e.g., Berge & Patterson, 2004; Breslau, Weitzman, & Messenger, 1981; Damiani, 1999; Gayton et al., 1977; Giallo & Gavidia-Payne, 2006; Lamorey, 1999; Lavigne & Ryan, 1979; Sharpe & Rossiter, 2002; Williams, 1997). The present study extends this research arena to the developmental period of emerging

adulthood, a period characterized by the prominence of processes of separation, individuation, and identity formation.

Developmental models such as Erikson's (1959) psychosocial stages of development and Mahler's (1968) theory of infant development conceptualize developmental processes as cumulative progressions in which the achievements of one stage form the foundation for the challenges of the next. Thus, one's approach to and resolution of the developmental tasks of emerging adulthood are highly influenced by the vicissitudes of earlier development. Blos's (1967) theory of adolescence as a second separation-individuation process that both parallels and evokes that which takes place in infancy (Mahler, 1968) provides further conceptual rationale for the study of these issues with this age sample.

Theoretical models of both parentification and separation-individuation, and findings from research on well siblings, suggest that each impacts identity development in important ways. The present research focuses on the intersection of these phenomena in order to examine the ongoing impact of parentification on identity development in well sibling and control groups of emerging adults.

CHAPTER 2: REVIEW OF THE LITERATURE

Well Siblings

Well siblings of children with an illness or disability constitute a population of growing interest in psychological research, though findings about their experiences have been mixed. A majority of studies (e.g., Lavigne & Ryan, 1979; Sharpe & Rossiter, 2002; Sidhu, Passmore, & Baker, 2005) have found well siblings more likely than controls to experience psychosocial impairment, and several (e.g., Berge & Patterson, 2004; Fleary & Heffer, 2013; Giallo, Gavidia-Payne, Minett, & Kapoor, 2012; Sidhu et al., 2005) have found increased risk of poor adjustment and mental health. Psychosocial problems commonly mentioned in the literature on siblings of chronically ill children include social withdrawal and irritability (Lavigne & Ryan, 1979). Depression and anxiety were among the internalizing behaviors commonly reported in Shudy et al.'s (2006) meta-analysis. Stress has frequently been reported as well, with socioeconomic status playing an important mediating role, as evidenced by research showing found that siblings from lower-SES families had more stressful home environments and greater risk of adjustment problems (see Gallagher & Powell, 1989; Giallo & Gavidia-Payne, 2006). Perhaps related is Giallo and Gavidia-Payne's (2006) finding that siblings whose families established and maintained consistent routines showed fewer adjustment problems than their counterparts in families where routines were absent or inconsistent, as lower-SES families are less likely to be able to afford measures to support consistency. However, an alternative explanation—that greater disruption of routine indicates greater severity of illness or disability—exists as well.

A considerable amount of research (e.g., Abrams, 2009; Berge & Patterson, 2004; Fleary & Heffer, 2013) shows that well siblings are often required to take on responsibilities beyond their developmental capacities. Lamorey's (1999) meta-analysis of well-sibling research found evidence that well siblings were given increased household and caretaking duties and decreased leisure time in 10 of 14 studies reviewed that assessed siblings' roles and responsibilities. A parentified role may be adopted in light of explicit demands, coercion, felt responsibility, or any combination thereof. Furthermore, felt responsibility in the absence of more directive feedback from parents likely reflects the presence of a variety of significant psychological, temperamental, and familial factors. The nuances and sequelae of early caretaking responsibilities will be explored further in the review of literature on parentification to follow.

Other prominent themes in the well sibling literature include resentment about the attention the ill sibling receives (Abrams, 2009; Caplan, 2011; Fleary & Heffer, 2013); anger (Aronson, 2009); guilt about angry or hateful feelings toward the sibling (Agger, 1988; Aronson, 2009; Caplan, 2011; Fleary & Heffer, 2013; Safer, 2009) as well as toward one's own successes and developmental achievements relative to the inabilities or delays of the siblings (Aronson, 2009); denial of negative feelings about the sibling (Aronson, 2009) or of the sibling's very existence (Abrams, 2009); isolation (Fleary & Heffer, 2013); and feelings of neglect or unimportance in the family (Aronson, 2009; Berge & Patterson, 2004; Safer, 2009). Howe's (1993) meta-analysis concluded that internalizing behaviors were nearly three times more common than externalizing behaviors among well siblings of chronically ill siblings. Sharpe and Rossiter (2002) suggested that internalizing behaviors might partially be a consequence of increased

responsibility and specific caretaking demands placed on well siblings; that is, because one child's illness may increase the expectations placed on the well child, it may be difficult for siblings to externalize their frustration with real or perceived differential treatment and excessive responsibility (Giallo et al., 2012). Indeed, externalizing behaviors appear less often in the literature, with few exceptions; for example, siblings of children with spina bifida were almost four times as likely as controls to exhibit clinically significant (externalized) behavioral problems (Tew & Laurence, 1973; cited in Williams, 1997).

Other studies (e.g. Gayton et al., 1977; Van Dongen-Melman, De Groot, Hahlen, & Verhulst, 1995, cited in Murray, 2000) have concluded that evidence for increased risk of negative outcomes at the level of clinical significance is lacking or nonexistent. For example, while child and adolescent siblings in Giallo et al.'s (2012) self-report study reported more emotional and behavioral difficulties than a normative sample, on average, they did not display more clinically significant symptoms and obtained normal scores on an assessment of mental health. In Fleary & Heffer's (2013) study of well siblings aged 18-21, a small minority of participants reported any lasting effect of their experience growing up with an ill sibling, while the majority reported having successfully adapted to their family situation.

Still other research provides evidence of positive outcomes in well siblings. Indeed, Seltzer, Greenberg, Orsmond, & Lounds (2005) note a trend in the literature toward investigating psychological well-being, rather than psychopathology, perhaps suggesting greater recognition of the strengths and resiliencies present in this population. Among those positive characteristics attributed to well siblings, one of the most

commonly found is an increased capacity for empathy (see Caplan, 2011; Iles, 1979; Kramer, 1984; Powell & Ogle, 1985, cited in Giallo et al., 2012). The majority of subjects in Fleary & Heffer's (2013) sample reported, retrospectively, that the experience of having a chronically ill sibling had affected, and continued to affect, their lives in a positive way, citing cautiousness about their own health, maturity, and appreciation of life. Williams' (1997) meta-analysis of literature on well siblings published between 1975 and 1995 indicated that, while approximately 60% of articles indicated increased risk of negative effect on well siblings, 30% reported no increased risk, and 10% found evidence for both positive and negative effects, though she notes that studies with better research design tended to find evidence for negative effects.

The inconsistency of findings regarding psychological adjustment and pathology in well sibling lends itself to myriad explanations. The heterogeneity of the population of interest—consisting of individuals of varying demographics, family structures, specific sibling conditions, personality factors, and temperaments—decreases the likelihood of homogenous research outcomes. Additionally, inconsistencies may be related to methodological choices. Historically, the majority of studies have relied on parent reports for information about children's adjustment and symptomatology. Research using both parent- and self-report measures has frequently found discrepancies between reporters' perceptions of the sibling's experience, with some studies finding that parents over-reported mental health symptoms relative to siblings' self-report and some finding the opposite (Giallo et al., 2012). Discrepancies between parent- and self-reported caretaking responsibilities also emerged in Damiani's (1999) meta-analytic study of well siblings' caretaking responsibilities, such that studies using self-report measures provided more

consistent evidence for well siblings' caretaking responsibilities than did studies in which parents reported on their children's caretaking behaviors, suggesting that parents may underestimate the extent to which well siblings experience themselves as playing a parentified role in the family. Still other research has suggested well siblings' tendency to underreport difficulty, whether as a defense against negative affect or because their well sibling role in family requires them to minimize their own needs (Giallo et al., 2012). Indeed, some discussion of findings of positive outcomes among well siblings cautions against an oversimplified interpretation of these data. For example, Abrams (2009), while noting a tendency for well siblings to appear successful, high functioning, and responsible, simultaneously points out this population's particular motivation to ease the burden of distressed parents and rise to expectations of competence and superiority. Thus, the role of discrepancies and confounds in well sibling research might be most usefully understood not as an impediment to the assessment of "clean" data about well siblings' experiences, but, rather, as an indication of the existence of relevant psychosocial phenomena, such as parent-child misattunement or well siblings' felt responsibility to "fake (or make) good."

Gender and birth order

Findings from research examining gender and birth order variables in the well sibling literature appear to converge on a few significant points. First, female siblings have generally shown more negative outcomes than males (see Lamorey, 1999). That this difference emerges particularly prominently in older research suggests the impact of cultural norms on expectations of gendered behavior. In terms of birth order, while Breslau, Weitzman, and Messenger (1981) found no relationship between psychological

functioning and birth order *per se*, it had an interactive effect with gender such that older female well siblings showed greater impairment than older males, and younger male well siblings showed greater impairment than younger females. The former finding is consistent with evidence that the most involved sibling in the family of a chronically ill or disabled child is more likely to be a sister (Seligman, 1983; Seltzer et al., 2005), particularly an older sister (Lamorey, 1999). However, Breslau et al. (1981) clarified that the significance of birth order may be dependent upon onset of illness, as the distinction between congenital and acquired illness often determines whether or not the well child was alive for any portion of time when chronic illness was not a fact of family life, a factor that would presumably give the child an opportunity to build up resilience. Thus, Breslau (1982) hypothesized that younger siblings of congenitally ill children would be more likely to exhibit psychological impairment than younger siblings of children with acquired illness or older siblings of children with either type of illness. Further, she proposed that birth spacing might mediate the relationship between birth order and impairment, with smaller age differences associated with greater impairment in younger siblings. It is important to keep in mind that the type and onset of illness should not be confused or conflated with severity, which was found to be unrelated to sibling psychosocial adjustment (Breslau et al., 1981).

Family and Parental Factors

Medical and behavioral interventions vary in nature and magnitude depending on individual and illness or disability factors and may change as a function of development and illness or disability course. Similarly, the level of external medical, behavioral, and childcare support a family receives may vary according to these factors and, importantly,

the family's socioeconomic status and social support network. The well sibling's experience is also sensitive to family psychosocial variables, as parents' psychological health and coping strategies influence the nature and extent of their capacity for caretaking, both in relation to their ill or disabled and their well children. (Giallo & Gavidia-Payne, 2006). Indeed, there is little question of the interrelationship between well siblings' psychosocial and psychological functioning and that of their parents. Thus, characteristics unique to families of chronically ill or disabled children can be considered dynamic, as they are in families of healthy children. However, the circumstance of an ill or disabled child constitutes a major and constant stress, and has been associated with a variety of negative outcomes in family members.

Theoretical conceptualizations and research findings regarding parental response to a child's diagnosis are crucial to understanding the experience of well siblings. Sheeran, Marvin, & Pianta's (1997) model, informed by attachment and trauma research, frames the medical diagnosis of a child as a crisis followed by periods of mourning, grieving, and adjustment. While the sequelae of diagnosis resemble those associated with grieving a death, they are quite nuanced and, in some respects, unique to the circumstances of diagnosis of an illness or disability. Most concretely, rather than mourning the literal death of a child, parents of chronically ill or disabled children mourn the symbolic death of the healthy or "perfect" child they imagined, expected, and, in some cases, were raising prior to diagnosis (see Abrams, 2009; Aronson, 2009). One might hypothesize from this finding a consequent transference of parental hopes and expectations onto the healthy sibling.

Marvin and Pianta's (1996) Reaction to Diagnosis Interview (RDI) provides a means of operationalizing parental response to a child's diagnosis within a framework of trauma and attachment. Specifically, the RDI classifies parents as "resolved" or "unresolved" with regard to diagnosis. Fonagy, Steele, and Steele (1991) conceptualized resolution as the extent to which a parent is able to accept the permanence of the loss and incorporate the loss into a new experiential framework. Lack of resolution, on the other hand, is characterized by "nonintegrative strategies" (Sheeran et al, 1997, p. 202), such as denial or unrealistic perceptions of the child's condition, and a continued attempt to "make sense" of the circumstances (e.g., "why me?"/"why us?"). In research using the RDI, unresolved status has been associated with a variety of maternal outcome measures, including decreased marital satisfaction (Sheeran et al, 1997); decreased parenting satisfaction (Milshtein, Yirmiya, Oppenheim, Koren-Karie, & Levi, 2009); increased stress (Lord, Ungerer, & Wastell); insecure attachment (Marvin & Pianta, 1997), as well as individual components and features of attachment insecurity such as decreased parental sensitivity and decreased emotional availability (Howe, 2006); all of which have clear implications for well sibling adjustment. Additionally, Pianta, Marvin, Britner, and Borowitz (1996) found a significant, positive correlation between unresolved status in mothers and decreased ability to make use of social support (Pianta, Marvin, Britner, & Borowitz, 1996). Maternal social support has been associated with a number of well sibling outcomes, including higher self-esteem and fewer problem behaviors (Williams, 1997), as well as general psychosocial adjustment in well siblings (Ferrari, 1984; Sloper & White, 1996) and overall family resilience (Geist, Grdisa, & O'Hey, 2003). Thus, though the RDI was created to assess an aspect of the relationship between the parent and

the affected child, the underlying construct it measures—that is, the parent’s ability or inability to resolve her child’s diagnosis—also has clear implications for the experience of the well sibling, as well as the functioning of the family system as a whole.

Ample research indicates that conditions that involve uncertain prognoses, significant risk of death, frequent need for medical attention, irreversibility, and anticipated level of ongoing parental care are associated with increased parental stress (Hentinen & Kyngä, 1998; Pelchat et al., 1999; Pianta, Marvin, Britner, & Borowitz, 1996; Shudy et al., 2006; Wallander & Varni, 1992). Though much of this research has been carried out on parents of children diagnosed with cystic fibrosis (CF), which is particularly associated with the aforementioned stressors, in their meta-analysis of studies examining family stress, Berge and Patterson (2004) found that parents of children with CF did not evidence greater stress than parents of children with other illnesses or disabilities, such as diabetes, autism, and mental retardation. Routine medical appointments, variations from the child’s normal symptoms, use of specific medical words, changes in therapeutic routine, evidence of poor outcome in other children with the same illness as one’s own children, developmental changes, and overnight separation from the child have also been identified as specific stressors for parents of chronically ill children (Fisher, 2001). The construct of parental stress is associated with a variety of effects on other family members, including both patients and well siblings. Parental stress appears to have a negative impact on patients’ stress levels and treatment adherence and therefore has the potential to contribute to a systemic cycle of negative health outcomes and maladaptive coping (Streisand, Braniecki, Tercyak, & Kazak, 2001). Furthermore, consistent with findings that well siblings are particularly attuned to their parents’

emotional state, Giallo & Gavidia-Payne (2006) found that parental stress was a strong predictor of adjustment difficulties in well siblings.

Maternal distress in general, and depression specifically, has emerged as another prominent theme in the literature. Berge & Patterson's (2004) meta-analysis of research on families of children with CF found consistent evidence for increased maternal psychological distress, particularly depression and anxiety. Similarly, Gayton, Friedman, Tavormina, and Tucker (1977) found that nearly one-fourth of mothers of children with CF scored two standard deviations above the mean on at least one MMPI scale, and half of these mothers' highest scores were on the Depression scale (though it should be noted that CF, specifically, had a far lower life expectancy at the time of this study than it does today). Mothers of children with neurological impairments have also been found to experience particularly high levels of psychological distress (Hanson & Hanline, 1990). In addition to its impact on parent-child attachment (see Lyons-Ruth & Jacobvitz, 2008; Martins & Gaffan, 2000), maternal depression has been associated with decreased family cohesion (Shudy et al., 2006) and both instrumental and emotional parentification (Champion et al., 2009; Shudy et al., 2006).

Emerging Adulthood

Contemporary theory and research focused on the developmental period following adolescence has had to adapt to changing understandings and expectations of the transition to adulthood. Norms regarding that transition are highly influenced by cultural and social factors, thus providing a variety of answers to the question of when adolescence ends and adulthood begins (Arnett & Taber, 1994; Ritvo, 1971). Indeed, this period is unique in its lack of demarcation by biological changes; rather, it is "defined

only by its psychological features” (Ritvo, 1971, p. 242). Today, coming of age in the United States entails different processes, pacing, and priorities than it did only decades ago. Sharp increases in age at marriage and first childbirth, changing norms regarding higher education and the move from education to work, and greater flexibility in the structures governing the period from adolescence to adulthood have resulted in what researchers have referred to as a prolongation of youth or protraction of the transition to adulthood (Arnett, 2006a; Cote, 2006). As a result, the developmental tasks associated with the period referred to simply as *adolescence* in the literature of the first three quarters of the 20th century—for example, the process of identity formation associated with Erikson’s (1959) identity versus role confusion stage, once thought to exemplify adolescence—are now, in large part, more characteristic of the developmental period that follows adolescence (Arnett, 2006a; Coté, 2006).

That period has been referred to in various ways in the literature, including *late adolescence*, *early* or *young adulthood*, and *emerging adulthood*. Furthermore, due to recent cultural changes that have essentially extended the adolescent period, as well as consequent shifts in the way psychologists understand the boundaries and psychological tasks of this developmental period, older literature on *adolescence*, such as Blos’s (1967) theory of adolescent separation-individuation, may be understood to include in its scope both “traditional” and “contemporary” (that is, late) adolescence. Some of these terms simply reflect a standard terminology, while others are based on a specific theoretical foundation. For example, Arnett (2006a) defined emerging adulthood as a “distinct period of the life course, different in important ways from the adolescence that precedes

it or the young adulthood that follows it” (p. 4). The status and roles of adulthood are, at this time, truly *emerging*, neither fully latent nor fully formed.

The primary developmental tasks of this period that exists between two worlds reflect the significance of transition and becoming. Following Erikson (1959), a number of authors identify have identified identity formation as the primary goal of the period. Koepke and Denissen (2012) conceptualized this construct as a process of synthesis, wherein the conflict between identity cohesion and confusion is, in optimal situations, resolved. This takes place through the development of three components of identity formation: ego identity, wherein the synthesizing and executive functions of the ego mature and improve; personal identity, an increasing identification with beliefs, roles, and values accompanied by increased self-awareness; and social identity, an identification with, and understanding of oneself within, a larger social or cultural group (Arnett, 2006b; Koepke & Denissen, 2012; Szajberg & Massie, 2003). Marcia (1966) directly operationalized Erikson’s (1959) conflict between identity versus role confusion and highlighted the interrelation of two key identity processes: exploration, a search for and rehearsal of various identity options; and containment, the selection of an identity.

The period is one of change—not just across its span, but within it as well. Indeed, Arnett (2006a) proposed that instability is one of five major factors that characterize emerging adulthood. In part, instability is concrete. For example, emerging adults have a high rate of residential change, with about 40% moving back home at some point in their twenties (Arnett, 2006a), a number that speaks to the challenges of separation-individuation and the tension between dependency needs and independent functioning. More importantly, however, the development that takes place during

emerging adulthood is notable for its non-linearity; that is, attainments that previously seemed stable fluctuate and change often (see Blos, 1967; Coté, 2006; Szajnberg & Massie, 2003). Blos (1967) emphasized that periods of regression are not only normative, but, in fact, essential to healthy development, stating, “[Late] Adolescent regression operates...in the service of development” (p. 172). Thus, regression is both a central and necessary component of the developmental trajectory of late adolescence, and excessive resistance to it may be cause for concern (Blos, 1967)—an admonition that may be particularly salient for individuals whose maturation and individuation were overemphasized (e.g., through the bestowal of adult-like caretaking responsibilities) due to family circumstances such as the presence of a chronically ill child.

Mental Health

Given the confluence of so many psychological, relational, emotional, and functional changes, as well as the inherent instability of the period, it is unsurprising that mental health is a matter of particular concern in the emerging adult population. Indeed, while an absence of well-defined norms and expectations for the developmental period may afford individuals greater freedom, it may also be overwhelming for those whose temperaments and psychological organization respond favorably to stability and structure. However, the literature on emerging adult mental health is not as unambiguously negative as one might expect. In fact, while anecdotal clinical evidence and popular opinion may seem to suggest otherwise, some research suggests that emerging adults’ lives are actually likely to improve as they separate and individuate (see Arnett, 2006a). Schulenberg and Zarrett (2006) accounted for this by noting the potential that comes with the increased autonomy of emerging adulthood to correct mismatches

between self and environment. That is, adolescents who were a “poor fit” with their parents or families may choose to move on to an environment to which they are better suited, if they have the insight, wherewithal, and resources to do so.

Of course, the opposite possibility—that a “good fit” will be disrupted by the move from home—exists as well. Indeed, the relationship between separation-individuation and mental health in emerging adults is evident on college campuses, where, Hoffman (1984) reported, many students who present to university mental health centers display symptoms consistent with difficulty around the process of separation-individuation. Furthermore, Lapsley, Rice, and Shahid’s (1989) study of the impact of separation-individuation on adjustment to college found that both underclassmen and upperclassmen in an undergraduate sample maintained dependencies on their parents, though the type and degree of dependency changed throughout the course of the college years. An interpretation of this finding as evidence that emotional separation-individuation continues beyond the time by which more functional aspects of the process might be presumed to resolve is consistent with Kroger and Green’s (1994) finding of moderate to high test-retest reliability in a sample of undergraduate students assessed with the Separation-Individuation Test of Adolescence (Levine, Green, & Millon, 1984) over the course of two years.

Separation-Individuation

Working within an object relational framework, with a basis in Mahler’s (1968) theory of infant separation-individuation, Blos (1967) proposed a view of adolescence “in its totality as the second individuation process” (p. 163). Both infants and adolescents, he states, experience significant changes in psychic structure in the context of particularly

delicate personality organization. Whereas, arguably, the ultimate achievement of first separation-individuation is the ability to differentiate between self and other, or to gain “a sense of existence, a sense that ‘I am’” through a process of internalization, adolescent separation-individuation occurs in the service of establishing “a sense of identity, or of ‘who I am’” (McClanahan & Holmbeck, 1992, p. 469). In addition, the separation-individuation process of adolescence rekindles residual effects of the first separation, such that aspects of mothering during infancy attain increased relevance and significantly shape the adolescent’s ability to separate and individuate in this phase of life (Ritvo, 1972).

Separation-individuation in infancy. Immediately preceded by a *normal symbiotic phase* in which the infant’s awareness of his mother is only as a part of himself, the process of separation-individuation in infancy consists of interdependent changes in behavioral and cognitive development (Mahler, 1968). That is, each process informs achievement of the other as the infant develops increasing and more flexible behavioral independence as well as a greater and more stable capacity to differentiate between self and other. Separation describes the termination of symbiotic fusion between mother and infant, by which the infant develops awareness of his own separateness. This development is facilitated by internalization of the maternal object. The accompanying process of individuation involves establishment of whom and what the separate self is—a self, Pine (2004) notes, who often resembles the mother. These complementary processes are further broken down into subphases of *differentiation*, *practicing*, and *rapprochement*. In the *differentiation* subphase, the infant begins the process of establishing a sense of bodily separateness, and becomes aware of his surroundings and

tentatively curious about them, using mother as a point of reference. The infant becomes more independent in the *practicing* subphase, actively moving around to explore his environment and enjoying a “love affair with the world” (Greenacre, 1957; cited in Mahler, 1971, p. 336). It is in this subphase that the work of individuation begins, as the infant practices the behaviors that contribute to the person he will become. The *rapprochement* subphase, which subsumes the period commonly known as the “terrible twos,” is characterized by the infant’s opposing wishes for oneness with and independence from mother.

It should be noted that Mahler’s model, while consistent with and fundamental to much of object relations theory, represents just one theory of infant development and, as such, has been critiqued, challenged, and modified in the years since its first publication. Notably, Stern (1985) rejects Mahler’s conceptualization of infant development as a process marked by discrete, hierarchical stages; furthermore, he proposes a significantly different timeline for the achievement of self-object differentiation, as well as a different emphasis on the subjective self, thus taking issue with Mahler’s theory of an autistic and a symbiotic phase.

Separation-individuation in emerging adulthood. The separation-individuation process that takes place in adolescence and emerging adulthood both parallels and evokes that of infancy. Of course, the adolescent’s goals are different than the infant’s, and his separation both more thorough and more concrete. The specific tasks of second separation-individuation may be roughly categorized according to Blos’s (1967) four-part model of separation-individuation, which includes functional, emotional, conflictual, and attitudinal independence. Functional independence refers to the adolescent’s ability to act

and make decisions independently of a parent's assistance. Emotional independence involves psychological separation attainable due to greater emotional self-sufficiency. An associated phenomenon is the increasing value adolescents place on their privacy and cultivated by keeping secrets from their parents—an analog, of sorts, to the development of a toddler's capacity to lie during the first separation-individuation process. Conflictual independence refers to freedom from excessive guilt, shame, and anger regarding conflicts and disappointments with one's parents. Hoffman (1984) found this domain to be uniquely associated with positive adjustment in a college sample. Finally, attitudinal independence involves the development of one's own beliefs, values, and behaviors, in contrast to the idealization of parents that came before and allows for adaptation of a kind of auxiliary personality that reflects the parents' identities (Koepke & Denissen, 2012).

In order to achieve these goals, the adolescent must undergo a considerable psychic reorganization, beginning with de-idealization of the parents and a concomitant disengagement from the internalized objects of infancy (Blos, 1967; Rice, Cole, & Lapsley, 1990). Because it is these objects that comprise the child's adopted or auxiliary superego, withdrawal from them results in the ego weakness and regression that both characterize and facilitate maturation and healthy development. However, Blos (1967) noted that the ego regressions of adolescence “[lay] bare the intactness or defectiveness of the early ego organization” (p. 175), helping to explain why the period can be such a fraught one for some adolescents, even those who previously appeared well adjusted and high functioning. Ultimately, however, disengagement from infantile objects serves to strengthen the ego.

Indeed, ego development constitutes a primary feature of adolescent separation-

individuation. Considered a master trait comprising self-regulation, psychological and biographical coherence, agency, and synthesis of cognitive and executive function (Arnett, 2006b; Syed & Seiffge-Krenke, 2013; Tanner, 2006), ego strength develops in a non-linear fashion during adolescence. Like the infant embroiled in the complexity of rapprochement, the adolescent carries out a process of “object losing and object finding (‘pushing away’ and ‘holding on’)” (Blos, 1967, p. 166); all the while, a gradual shift of power from the id and superego to the ego is underway (Ritvo, 1971).

As it is for infants, the process of separation-individuation in adolescence is relational. Tanner (2006) proposed that emerging adulthood involves the most profound shift in the parent-child relationship of any developmental period. As such, qualities of parent-child relationship, as well as parental attitudes and behaviors, figure prominently during this time and may influence the course and quality of separation. Syed and Seiffge-Krenke (2013) found that parents who supported their adolescent child’s increasing independence facilitated greater ego development. In addition, the ego development of both mother and father themselves had a significant impact on the ego development of the adolescent. Similarly, Aquilino (2006) cited evidence that parents’ comfort in serving as a “secure base” (to use the language of attachment theory) for their adolescent is associated with healthy identity development; conversely, parental anxiety around an adolescent’s separation may interfere with the achievement of developmental tasks. The intricate balance between supporting dependencies and encouraging autonomy imbues optimal parental behavior with incredible nuance. Koepke and Denissen (2012) emphasized the distinction between separation and detachment; the former is associated with self-regulation, healthy psychosocial development, and, importantly, can co-exist

with emotional attachment to parents, while the latter may be associated with early childhood disturbances. In this model, *separateness* may be considered a positive outcome of separation-individuation, marked by personal autonomy and the maintenance of healthy attachment ties, while *detachment* suggests an absence of conflictual independence.

Gender and ethnic differences in late adolescent separation-individuation.

Studies exploring demographic influences on the separation-individuation process of emerging adulthood have yielded mixed results. Theoretically predicted differences regarding gendered tendencies—that is, that males might place greater emphasis on autonomy and independence, potentially denying their dependency needs, while females might privilege intimacy and connectedness to the exclusion of adequate separation—have not been conclusively borne out in the research. Though a large number of studies (see Gnaulati & Heine, 2001) have found evidence for young men’s relative functional and emotional autonomy and young women’s relative tendency toward familial closeness and dependency, others contradict or fail to support these trends. For example, some studies (e.g., Allen & Stoltenberg, 1995; Gnaulati & Heine, 2001; Rice, 1992) have found comparable levels of separation-individuation in men and women, while Bernstein (1991) found evidence for women’s greater autonomy relative to men.

Research on separation-individuation has overwhelmingly used predominantly White samples, thus making it difficult to draw conclusions about ethnic, racial, and cultural variations in this life stage (Gnaulati & Heine, 2001). However, Gnaulati and Heine’s (2001) separation-individuation study using a racially diverse sample of undergraduates, moreover, revealed significant differences between White and non-White

participants: African-American subjects were distinguished from White subjects by their relatively high dependency on parents, while Asian-American subjects showed increased dependency denial and engulfment anxiety, and Hispanic subjects showed increased dependency on parents as well as increased engulfment anxiety relative to White subjects.

Parentification

Introduced by Minuchin and colleagues (Minuchin, Montalvo, Guerney, Rosman, & Schumer, 1967) to describe children who take on adult responsibilities in the home due to social or financial necessity, the concept and terminology of “parentification” were further developed and refined by Boszomenyi-Nagy and Spark (1973) in their description of children who fill a parental role in the family. Its foundation in the family systems literature invites understanding of parentification as a process of role-reversal and boundary violation; however, it is equally compatible with other theoretical frameworks. In fact, definitions, descriptions, and operationalizations of parentification exist in nearly all theoretical frameworks within psychology, each with a slightly different understanding of the causes, qualities, and consequences of the phenomenon. Since its first emergence in the literature, the term “parentified child” has come to refer to a number of associated phenomena in which young people provide emotional or instrumental care for other family members, sacrificing their own dependency needs in order to accommodate those of another family member (Earley & Cushway, 2002; Chase, 1999). Taking on a “parentified,” or “adultified,” position in the family, whether through coercion or self-appointment, the child assumes responsibilities commonly associated with the parental role.

Though many theories of parentification posit intergenerational processes, wherein parents seek satisfaction for previously unmet nurturance needs in their own children, others suggest that proximal events, such as the birth of a child with an illness or disability, can form the foundation for a parentified dynamic (Earley & Cushway, 2001). Furthermore, given the heterogeneity of families wherein a parentification dynamic is present, as well as the variety of associated outcomes, it is useful to consider Kerig's (2005) attention to the driving force behind the process; that is, the parentified relationship may be primarily established by either a needful parent or a child compelled to provide care. Though, of course, neither role is likely to exist in isolation of the other, Kerig (2005) noted that some children are more likely or able to resist the pull exerted by a parent, or family system, that demands this type of behavior from them.

The literature commonly differentiates between two types of parentification: emotional parentification, in which a child takes responsibility for family members' psychological needs; and instrumental parentification, in which a child takes on concrete tasks, chores, and responsibilities for the sake of the family (see Hooper, 2007; Hooper, Doehler, Wallace, & Hannah, 2011; Chase, 1999; Jurkovic & Thirkield, 1998). Within the category of emotional parentification, Jones and Wells (1996) delineated two subtypes: masochistic parentification, wherein parents directly induce children to care for them and fulfill their unmet needs; and narcissistic parentification, in which children are coerced into functioning as parents' "idealized self- [projections]" (p. 146). Though these subtypes are not mutually exclusive, one might hypothesize different family dynamics underlying each, as well as differential sequelae. In the present review, it is relevant that masochistic parentification appears to align with the well sibling literature identifying

increased caretaking responsibilities in that population. Furthermore, Wells and Jones found that masochistically parentified children tended to take on compulsively caretaking or “self-defeating” roles in their adult relationships, while narcissistically parentified children manifested characterological adaptations consistent with overt narcissism.

Outcomes and Sequelae

Findings of associations between parentification and psychopathology are extensive, though causal relationships can be difficult to determine because parentification frequently occurs within families experiencing multiple types of dysfunction (see Byng-Hall, 2008). Hooper, DeCoster, White, & Voltz’s (2011) meta-analysis indicated a significant positive correlation between childhood parentification and adult eating, anxiety, and personality disorders, with severity of disorder varying as a function of the magnitude of parentification. A significant relationship between parentification and depressive symptoms has also been reported extensively (Hooper, Doehler, Wallace, & Hannah, 2011; Jacobvitz & Bush, 1996; Williams & Francis, 2010). It is also reasonable to expect that parentification might significantly impact the separation-individuation processes of both infancy and adolescence. Indeed, Erikson’s (1963) life-span development and Mahler et al.’s (1975) stages of separation-individuation suggest that parentification has an inhibitory effect on development, as excessive demands on the parentified child’s resources preclude processes such as emotion regulation, containment, and mirroring (Earley & Cushway, 2002). In addition, parentification interferes with individuation by keeping the child’s identity “essentially relational and reactive” (Karpel, 1976, quoted in Chase, Deming, & Wells, 1998), thereby preventing exploration of new roles.

Even when parentified children appear to thrive, Safer (2002, quoted in Abrams, 2009, p. 312) warns that “spurious autonomy” may emerge as a “substitute...for childish dependency.” Indeed, Jones and Wells (1996) propose that, by inducing children to increasingly identify with a caretaking role, parentification “may undermine the development of the child’s ‘true self’” (p. 146). The development of a “false self”—Winnicott’s (1960) term for a defensive adaptation to compliance and accommodation undertaken in the service of protecting the true self from misattunement—has been observed in research on parentification. Castro, Jones, and Mirsalimi’s (2004) finding of a significant positive correlation between parentification and the “imposter phenomenon” in a university sample supports this proposed relationship between parentification and false self development.

On the other hand, more recent research has focused on and found evidence for positive outcomes among parentified children. For example, Walker and Lee (1998) found that parentified children of alcoholic parents showed relative mastery over, rather than inhibition of, the individuation process and displayed higher self-esteem. Thus, increased independence may serve a positive function, perhaps allowing children to exercise greater agency in getting their needs met, when parents are unable to provide adequate care. Additionally, mild or gradually increasing levels of adult role responsibility might help facilitate a young person’s achievement of mature tasks and responsibilities. Byng-Hall (2008) noted the potential for parentified children to display particular sensitivity and caring while maintaining a sense of personal autonomy and individuation so long as the family does not privilege their caretaking capacities over other attributes.

Type of parentification (i.e., instrumental versus emotional) has been identified as a variable of interest within the subset of research exploring outcomes. While emotional parentification is thought to be detrimental because the parentified child often neglects or denies his own needs in order to be more present and available to the family, instrumental parentification is generally considered less damaging, even leading to a positive sense of accomplishment and independence, so long as the child's efforts are recognized and circumscribed (Hooper, 2007). Furthermore, because it can be concretely observed, instrumental caregiving may be more consistently acknowledged and supported than emotional parentification and, thus, more likely to be perceived as fair (Tompkins, 2006). Consistent with this theory, Hooper, Marotta, and Lanthier (2011) found that, while parentification in general was associated with mild levels of posttraumatic growth in a nonclinical sample, emotional parentification specifically was significantly associated with emotional distress.

Positive outcomes also appear to be contingent on the child's ability to master the demands placed upon him. That is, a child is unlikely to benefit when the family dynamic involves "excessive burden in an unsupportive environment" (Earley & Cushway, 2002, p. 165). In meta-analytic findings from research using two measures of parentification—Jurkovic & Thirkield's (1998, in Hooper & Doehler, 2012) Parentification Questionnaire and Mika et al.'s (1987) Parentification Survey—Hooper & Doehler (2012) found evidence for the significance of factors such as the nature of demands placed on the child, the length of time for which a parentified role was required, the value placed on adult-level responsibilities, the object of the parentified child's caretaking efforts, and the child's personality traits and temperament. Similarly, Jurkovic, Jessee, and Goglia (1991)

proposed that the age at which a parentified role is assumed and the developmental appropriateness of the responsibilities it entails may predict maladjustment. A parentified role in relation to siblings has been associated with fewer and less severe negative outcomes than parentification in relation to parents (Hooper, Doehler, Wallace, & Hannah, 2011), a finding that may be relevant to the present research, though well siblings may well be called upon to assume a parentified role for distressed parents in addition to, or more than, for a chronically ill or disabled sibling.

In Williams and Francis's (2010) study, internal locus of control mediated the relationship between parentification and depressive symptoms, and this relationship was stronger for individuals who reported higher levels of parentification. The perceived unfairness of caretaking responsibilities, a dimension that captures a lack of acknowledgment and reciprocity of those responsibilities, has shown to be a significant mediator in the relationship between parentification and mental health outcomes, with higher levels of perceived unfairness correlating with more mental health symptoms and greater clinical severity (Jankowski, Hooper, Sandage, and Hannah, 2011; Jurkovic et al., 2001). Finally, Hooper (2007) proposed that attachment theory may provide a framework for understanding variation in developmental trajectories and outcomes among parentified children, with secure attachment providing a kind of buffer against negative effects. Consideration of these nuances and mediating variables are crucial to understanding the developmental trajectories of well siblings, whose increased responsibilities in the family system may afford them unique opportunities to develop and practice responsibility, independence, self-efficacy, and empathy, barring a dynamic that interferes with identity development by chronically demanding a parentified role

(Lamorey, 1999). Thus, evidence of well-sibling strengths such as increased empathy might best be appreciated on a continuum, with an eye toward recognizing excessive levels of empathic or caretaking behaviors driven by need, guilt, or compulsion.

Parentification and Identity Development

Because emotionally parentified children are particularly sensitive to their parents' moods and needs and, their identities may become largely organized around satisfying those needs (Jones & Wells, 1996). Indeed, young adults who have played a supportive or caretaking role in their families may feel guilty about leaving home for college, and while their familiarity with heightened responsibility may confer on them a unique advantage in the transition from adolescence to early adulthood, these individuals may find themselves struggling to differentiate from their family role (Caplan, 2011; Fleary & Heffer, 2013). As they age, parentified children may feel responsible for peers or enter into relationships that lack reciprocity (Caplan, 2011). Additionally, they may be overwhelmed by a process of self-discovery wherein they acknowledge to themselves, and others, the impact of their early experiences in a new way, or even for the first time.

Much can be learned about the relationship between parentification and identity development from the experiences of well siblings. A prominent theme emerging from Brennan, Hugh-Jones, and Aldridge's (2012) self-report study of well siblings aged 5-16 was the perception of oneself as the "social glue" of the family, whose own needs were secondary to those of their family. Ten to 16-year-old "carers" in Earley, Cushway, and Cassidy's (2007) research on well siblings had mixed perceptions of the significance and valence their experience of being a well sibling played in their identity formation; while some participants lamented the fact that their caretaking responsibilities precluded other,

arguably more age-appropriate, opportunities, others remarked that it was these responsibilities that made them feel most “themselves.” Both positive and negative experiences, however, suggest that the role as caretaker is likely to correlate with processes of identity formation and the tasks of separation-individuation in emerging adulthood.

Cultural and Ethnic Variables

Cultural and ethnic variables are an important consideration in the study of parentification, as norms regarding family structure, distribution of responsibility, and conceptualizations of childhood vary across American subcultural populations (Hooper, DeCoster, White, & Voltz, 2011). For example, Kerig (2005) proposed that the increased boundary flexibility sometimes observed in African-American families, “arose as an adaptive response to the stressors of poverty and racism, with extended family networks allowing for the sharing of childrearing tasks among many different adults, biologically related and unrelated, obviating the need for rigid role definitions in the family” (p. 26).

Findings regarding racial differences in parentification are not conclusive, however. African-American participants in Jurkovic, Thirkield, and Morrell’s (2001) study reported higher levels of instrumental parentification than White participants but did not report increased perceptions of unfairness. In contrast, Hooper, Wallace, Doehler, & Dantzler (2012) found no difference between overall levels of parentification reported by African-American versus White college students, but found that African-American participants endorsed more emotional parentification, and White participants more instrumental parentification, than their counterparts.

Findings from research exploring the relationship between parentification and

various psychological outcomes suggest that parentification may differentially predict mental health outcomes across racial and ethnic groups. Parentification has been more frequently, though inconsistently, associated with positive outcomes in ethnic minority groups relative to white populations. For example, in an ethnically diverse nationwide university sample, parentification correlated significantly with life satisfaction across ethnic groups; however, this correlation was positive among Latina/o participants but negative among White participants (Hooper, Tomek, Bond, & Reif, 2015). In a racially homogenous sample of African Americans, Gilford and Reynolds (2011) found a significant positive correlation between parentification and academic success. In contrast, Hooper et al. (2012) found that parentification in both African-American and White groups explained a significant portion of the variance in multiple negative psychological outcome measures, though the proportion of variance explained was greater in the White sample. McMahon and Luthar's (2007) study of parentification in an impoverished, inner-city, predominantly African-American sample provided no evidence for a relationship between instrumental caretaking and psychopathology or psychosocial impairment, and supported a mid-range model of emotional parentification in the context of parent-child relations, suggesting that some degree of emotional caretaking may be normative and adaptive in this sample. It is also notable that these results challenge findings that parentification in low-SES populations is associated with poorer mental health outcomes than in other SES classifications (see Chase, 2009).

The foregoing summary reveals the complexity of applying the construct of parentification to a multicultural context within the dominant individualist framework of Western society. Additionally, it is crucial to acknowledge the complexity added by

broadening one's scope to include non-Western, collectivist cultures. While it is simplistic to speak of Western culture as a homogenous entity, it is nevertheless possible to recognize a broadly prevailing value placed on individuation and independence, particularly in the period of early adulthood, in contemporary United States society. In contrast, collectivist societies tend to emphasize the importance of filial responsibility and interdependence (Moon & Choi, 2008). Indeed, the concepts of role-reversal and boundary dissolution that form the foundation for parentification theory may be understood as culturally endorsed features of the collectivist family dynamic. Rudy and Halgunseth's (2005) finding that certain types of boundary dissolution predicted maladaptive outcomes in children from individualist, but not collectivist, cultures supports a culturally relative approach to parentification. However, Jurkovic, Kuperminc, Sarac, and Weisshaar (2005) maintain that the construct of perceived unfairness serves as a cultural bridge within the field of parentification, thereby making parentification relevant and applicable across cultures.

Research Questions

The present study aims to extend well sibling research to the developmental stage of emerging adulthood. Literature suggests that the experience of growing up with a chronically ill or disabled sibling is associated with myriad psychosocial phenomena. This research will focus specifically on two aspects of the well sibling experience, adolescent separation-individuation and parentification, in order to determine whether well siblings manifest different levels and patterns of these variables. Additionally, the present study will explore the relationship among the variables of interest by

investigating the existence and strength of a unique effect of level and type of parentification on quality of separation-individuation.

Definition of Terms

For the purposes of the present research, the terms *chronic illness* and *disability* were defined and presented as follows: A chronic illness is a medically diagnosed condition with a long duration, protracted course, and slow progression causing continuous or episodic periods of incapacity (Bentzen, 2003, cited in Martin, 2007; Williams, 1997; World Health Organization, 2013). A disability is a long-term physical, mental, intellectual or sensory impairment; cosmetic disfigurement; or anatomical loss that substantially limits one or more major life activities and one's ability to care for oneself (Giallo et al., 2012; United Nations, 2007; United States Department of Justice, 2009).

CHAPTER 3: METHODS

Participants

Individuals between the ages of 18 and 25 who were enrolled in a CUNY undergraduate or graduate program were eligible for participation in the present research. In order to be eligible for inclusion in the study population, individuals must have lived the majority of the time in the same home as at least one sibling—either an ill or disabled sibling (for inclusion in the well sibling group) or a healthy sibling (for inclusion in the comparison group). All birth order and age spacing configurations were considered acceptable for participation so long as the cohabitation criterion above was fulfilled. Only children (i.e., individuals reporting that they were not raised in the same home as at least one sibling) were not included in the analysis.

Materials

Participants completed the Separation-Individuation Test of Adolescence (SITA; Levine, Green, & Millon, 1986), the Filial Responsibility Scale-Adults (FRS-A; Jurkovic & Thirkield, 1999), and a series of questions regarding demographic and biographical information.

The Separation-Individuation Test of Adolescence

Drawing on Mahler et al.'s (1975) separation-individuation model, Blos's (1967) extension of model of a second separation-individuation process of adolescence, and Erikson's (1963) theory of life span development, Levine et al.'s (1986) Separation-Individuation Test of Adolescence (SITA) is an attempt to operationalize relevant object-relational constructs as they pertain to both fixation points in and healthy progression through adolescent development. The format of the SITA is a five-point Likert scale,

where one represents *never true for you or you strongly disagree*, and five represents *always true for you or you strongly agree*.

The SITA is a 103-item self-report report measure, taking approximately 45 minutes to complete, from which nine subscale scores are derived. Subscales of the SITA are as follows:

1. Separation Anxiety: Hypothesized by the authors to reflect the re-experiencing of residual separation anxiety from rapprochement, the Separation Anxiety subscale describes individuals whose fears of losing physical or emotional contact with important objects are associated with feelings of rejection, abandonment, anxiety, and depression (e.g., “Being alone is a very scary idea for me”) (Levine et al., 1986).

Mayseless and Scharf’s (2009) research on the effect of inadequate parent-adolescent boundaries on separation-individuation found evidence for a significant correlation between the Separation Anxiety subscale of the SITA and parentification, parental guilt-induction, triangulation, and blurring of psychological boundaries. A group of six studies using the SITA, summarized by Holmbeck & Leake (1999) found that individuals who scored high on this subscale were less sociable, more inhibited, more insecure, more anxious, and generally less well-adjusted than those with low scores on the scale. Separation Anxiety loaded highly on a measure of depressive symptoms in Quintana and Kerr’s (1993) research using a nonclinical late adolescent sample. In Rhodes and Kroger’s (1992) study, this subscale was significantly elevated in a sample of adolescent girls with eating disorders relative to matched controls

2. Dependency Denial: Hypothesized to identify early and continued management of the separation process through denial of dependency needs, the Dependency Denial

subscale describes individuals who reject or fail to understand feelings of closeness, friendship, and love (e.g., “I don’t really need anyone”) (Levine et al., 1986).

Studies using the SITA have found that individuals who score high on this subscale demonstrate poor adjustment across a variety of outcomes and show greater depression, anxiety, and loneliness and lower self-esteem than those who score low on the subscale (Holmbeck & Leake, 1999). Dependency Denial was significantly correlated with parentification, triangulation, and parental guilt induction (Mayseless & Scharf, 2009). The subscale loaded highly on a measure of depressive symptoms in a group of late adolescents (Quintana & Kerr, 1993). This subscale was also elevated in Rhodes and Kroger’s (1992) eating disordered sample. Holmbeck & Leake’s (1999) finding that individuals with high Dependency Denial scores showed similar MMPI elevations to individuals who scored high on the Separation Anxiety subscale may be interpreted as evidence that some dependency-denying individuals are so organized as a defense against profound separation anxiety.

3. Nurturance-Seeking: Hypothesized to reflect residual feelings related to the symbiotic phase of separation-individuation, the Nurturance-Seeking subscale describes individuals with strong dependency needs and positive expectations for the gratification thereof (Levine et al., 1986). Drawn to intimate, even enmeshed relationships with peers and likely to maintain a more child-like relationship with parents, individuals who endorsed this subscale strongly in Levine and Saintonge’s (1993) research produced low scores on a measure of personality characterized by schizoid adaptation. However, elevations on this subscale have not been significantly associated with adjustment outcomes in studies using the SITA (Holmbeck & Leake, 1999).

4-5. Peer Enmeshment and Teacher Enmeshment. These subscales describe individuals with intense strivings for closeness to and approval from peers and teachers, respectively. Originally part of the same subscale as Nurturance-Seeking and then differentiated as a single “Enmeshment-Seeking” factor, these subscales are similarly hypothesized to reflect residual symbiotic feelings (Levine et al., 1986).

Though these subscales reflect a similar underlying structure, the difference in object of enmeshment translates into different associated outcomes and personality features. Using the Millon Adolescent Personality Inventory (Millon, Green, & Meagher, 1982; in Levine & Saintonge, 1993) in a sample of matched clinical and nonclinical adolescents, Peer Enmeshment correlated positively with personality types characterized by confidence and sociability, and negatively with personality types characterized by introversive, avoidant, and inhibited qualities. In the same study, Teacher Enmeshment consistently correlated positively with the Respectful personality type, which is characterized by compliance, responsibility, and propriety. The subscale was negatively correlated with the Forceful personality type, characterized by aggressive and antisocial features.

6. Rejection-Expectancy: Consisting of 15 new items added to the SITA in its final stage of development, following initial publication, the Rejection-Expectancy subscale describes individuals whose relationships are characterized by emotional callousness and indifference. The subscale is derived from Kernberg’s conceptualization of the early experiences of future borderline and narcissistic patients as characterized by aggression and emotional neglect (Levine & Saintonge, 1993).

Late adolescents in Quintana and Kerr's (1993) research who strongly endorsed items on this subscale also reported elevated depression and anxiety symptoms.

7. Engulfment Anxiety: Hypothesized to reflect the re-experiencing of residual fears around engulfment during rapprochement, the Engulfment Anxiety subscale describes individuals who tend to view close relationships as threatening to their sense of independence and selfhood (e.g., "Sometimes my parents are so overprotective I feel smothered") (Levine et al., 1986).

Studies using the SITA have found that individuals who score high on this subscale are concerned about feeling overcontrolled by their parents and experience sensitivity, anger, depression, and irritability in the context of interpersonal relationships (Holmbeck & Leake, 1999). Engulfment Anxiety was significantly correlated with parental guilt-induction and psychological control (Mayseless & Scharf, 2009) and significantly elevated in Rhodes and Kroger's (1992) eating disordered sample. In a nonclinical Dutch-speaking sample, Engulfment Anxiety was negatively correlated with self-esteem and life satisfaction and positively correlated with subclinical levels of depressive symptoms (van Petegen, Vansteenkiste, & Beyers, 2013). This subscale was elevated in a sample of French-speaking Belgian adolescents hospitalized for depressive symptoms, relative to a nonclinical control group (Delhaye et al., 2012), and in a nonclinical population reporting high levels of depressive symptoms (Quintana & Kerr, 1993).

8. Practicing-Mirroring: Hypothesized to reflect residual effects of the practicing phase of separation-individuation, the Practicing-Mirroring subscale describes individuals whose narcissism and self-centeredness manifests in attention- and validation-seeking

from others (e.g., “Other people are easily impressed by me”) (Levine et al., 1986). Originally labeled “Self-Centeredness,” the subscale was renamed for the final version of the SITA to better capture the subphase of infant development to which it is conceptualized to correspond.

Studies using the SITA have found that individuals who score high on this subscale demonstrate high levels of overall adjustment, particularly in areas of self-esteem and social confidence (Holmbeck & Leake, 1999).

9. Healthy Separation: Hypothesized to reflect the successful consolidation of separation-individuation in childhood, the Healthy Separation subscale describes individuals who have largely resolved separation conflicts and possess an appreciation for both their dependency and independence needs (e.g., “Even when I’m very close with another person, I feel like I can be myself”) (Levine et al., 1986).

During pilot testing, this group’s scores on a Confident-Outgoing factor of the Millon Adolescent Personality Inventory (MAPI; Millon, 1982, cited in Levine et al., 1986) supported the notion that the subscale validly measures a degree of adaptive and healthy individuation (Levine et al., 1986). In subsequent research using the SITA, individuals who scored high on this subscale demonstrated high levels of overall adjustment and comfort with both closeness and aloneness (Holmbeck & Leake, 1999). Rhodes and Kroger’s (1992) eating disordered sample scored significantly lower on this subscale than did the comparison sample. In an ethnically diverse adolescent sample, Healthy Separation was significantly associated with both parent- and adolescent-reported parent-adolescent connection (Ponappa, Bartle-Haring, and Day, 2014).

The theoretical-substantive validity of the SITA was established by eight raters who sorted items into the measure's original six basic scales. Items sorted identically by six of eight raters were kept, and others were dropped. This process was repeated three times to produce the final 86 items that appear on the test used in the present study.

Internal-structural validity was established by administering the SITA to a sample of 305 predominantly Caucasian undergraduate students. Subsequent factor analysis revealed six distinct subscales: Separation Anxiety, Dependency Denial, Nurturance-Symbiosis, Engulfment Anxiety, Self-Centeredness, and Healthy Separation. Following further testing, the Nurturance-Symbiosis subscale was subdivided into Nurturance-Seeking and Enmeshment-Seeking subscales; the latter was further divided into Teacher-Enmeshment and Peer-Enmeshment subscales. The name of the Self-Centeredness subscale was later changed to Self-Involvement to reflect self-efficacy versus narcissism, then changed again to its current name, Practicing-Mirroring, to better reflect its theoretical foundations in Mahler's object-relational model of infant separation-individuation.

Internal reliability estimates using Cronbach's alpha revealed sound reliability. Alpha coefficients for subscales ranged from .70 to .88, except for Healthy Separation ($\alpha = .64$).

External Criterion validity was established by administering the SITA to 181 students along with the MAPI. SITA and MAPI scores were significantly related in the predicted directions. Though correlations with personality factors on the MAPI were approximately equal in a clinical sample of inpatient and outpatient subjects aged 12-22,

results suggested that the SITA has decreased validity with clinical samples (Levine and Saintonge, 1993).

Though the SITA was developed using a predominantly Caucasian sample, the measure has since been used, and its reliability confirmed, in research using ethnically diverse participants (e.g., Gnaulati & Heine, 2001; McClanahan & Holmbeck, 1992).

The Filial Responsibility Scale-Adult

Jurkovic and Thirkield's (1999) Filial Responsibility Scale-Adults (FRS-A) is a 60-item self-report measure designed to measure six dimensions of parentification: Past Instrumental Caregiving, Past Expressive (emotional) Caregiving, Past Unfairness, Current Instrumental Caregiving, Current Expressive Caregiving, and Current Unfairness. Drawing from theory, research, and clinical work related to parentification, the FRS-A comprises an adaptation of and update to Sessions and Jurkovic's (1986) Parentification Questionnaire (PQ). The FRS-A constitutes an improvement over that measure in its inclusion of separate dimensional subscales, a feature the PQ lacks. Furthermore, Jurkovic et al. (2001) propose that the FRS-A "appears to capture more of the complexity of the parentification process than does its predecessor" (p. 253-54) and "represents a promising tool in assessing a construct that is highly sensitive to cultural factors" (p. 254).

The format of the FRS-A is a five-point Likert scale where one represents *strongly disagree* and five represents *strongly agree*. Therefore, the total score may range from 30 to 150, with higher scores representing greater levels of parentification and unfairness, and subscale scores may range from 10 to 50. Jurkovic et al. (2001) suggest that scores at or above the median on both expressive caregiving and unfairness scales be

classified as having experienced destructive parentification. These scoring guidelines reflect wisdom gained from both theory and research on parentification suggesting that emotional parentification is more damaging than instrumental parentification (see Hooper, 2007), and evidence that perceived unfairness mediates the relationship between both types of parentification and negative outcome measures (Jankowski et al., 2011).

Hooper and Wallace (2010) performed a psychometric evaluation of the FRS-A with a racially and ethnically diverse undergraduate sample ($n = 147$). Internal reliability estimates using Cronbach's alpha revealed sound reliability, with coefficients ranging from .81 to .88. Similar results were observed by Jurkovic et al. (2001), who obtained alpha coefficients of .83, .76, and .87 for Current Instrumental Caregiving, Current Expressive Caregiving, and Current Unfairness, respectively.

Demographic and Biographical Questionnaire

Participants answered a series of demographic and biographical questions designed to obtain information about age, gender, race/ethnicity, country of origin, living situation, level of education, socioeconomic status, family structure (including number and ages of siblings, adults present in childhood household, parents' relationship status), and health status of family members. Participants who indicated that they had a chronically ill or disabled sibling were asked additional questions related to the nature and severity of their sibling's condition, such as specific diagnosis, age at diagnosis, and type and frequency of special accommodations and interventions.

Procedure

Upon approval from each campus' human subject coordinator, participants were recruited from the following City University of New York campuses: Bronx Community

College, Brooklyn College, City College of New York, Graduate Center, College of Staten Island, Hunter College, Laguardia Community College, Queens College, Queensborough Community College, and York College. Recruitment was conducted with the assistance of professors and department heads across a broad range of fields of study. These faculty member were contacted via email with a brief explanation of the present research and a request for distribution of a standard recruitment script (see Appendix) containing a link to the website where the research survey was hosted.

The survey was divided into a series of randomized blocks in order to mitigate systemic priming effects. These blocks included a) demographic questions, b) questions about illness and/or disability in the self or family; c) the SITA; and d) the FRS-A. Following completion of the survey, participants had the option to enter a raffle for one of two \$25 Amazon.com gift cards. Winners were selected using a random number generator and gifts were distributed by email one month after data collection was complete.

The recruitment process differed at one campus, York College, where permission was obtained to post information about and a link to the present study on the school's Sona Experiment Management System website. Sona is an online participant management program that assists both researchers and participants by creating a single forum for recruitment, participation, and conferral of course credit. Thus, participants from York College were recruited both by their professors and department heads as well as through Sona. Those who completed the study through Sona did so as part of a research participation requirement and were granted credit upon completion of the survey.

Hypotheses

The present study explores the relationship between childhood parentification and quality of separation-individuation in a sample of well siblings of individuals with a chronic illness or disability and siblings of healthy or typically developing individuals.

Hypothesis One: Well sibling and comparison participants will report different levels of parentification, as measured by the FRS-A, with well sibling participants reporting higher overall levels of parentification than comparison participants.

Hypothesis Two: Well sibling and comparison participants will manifest different elevations on SITA subscales, with no a priori distinctions hypothesized.

Hypothesis Three: Elevations on SITA subscales will vary as a function of reported level of parentification in both well sibling and comparison groups, with no a priori distinctions hypothesized.

Hypothesis 3A. Elevations on SITA subscales will also vary as a function of type of parentification (e.g., instrumental versus emotional), again with no specific direction hypothesized.

Data Analysis

Data were entered into SPSS Version 21.0. Initial frequencies were examined for outliers and checked against raw data. Exploratory analyses were performed on the data to create descriptive statistics on the sample. The underlying structure of the SITA was examined using principal axis factor analysis. A correlational analysis was conducted on the FRS-A to determine the appropriateness of using a three-, rather than six-, subscale model in the analyses to come. The assumption of homogeneity of variance between groups was tested using a chi square test of goodness of fit. Differences between groups

on the variables of interest were examined using t tests. Finally, the effect of parentification on three factors of separation-individuation was analyzed using hierarchical multiple regression analyses.

CHAPTER 4: RESULTS

Two hundred and forty-one individuals completed the research materials in their entirety. Sixty-seven participants who completed the research materials were excluded from the analysis because they indicated that they had a chronically ill or disabled parent. One participant was excluded from the analysis because they reported a sibling who had died of a chronic illness. An additional 33 participants were excluded because they reported having no siblings.

Characteristics of the Sample

The final sample consisted of 140 undergraduate and graduate students enrolled in the City University of New York campuses listed above.

Table 1 reports the demographic characteristics of the sample, including gender, age, education, race/ethnicity, and income. Forty-seven men, 92 women, and one individual identifying as transgender participated in the present study. Per the age criterion for participation, participants' ages ranged from 18 to 25, with a mean age of 20.66 (SD = 2.10 years).

In terms of education, 52.9% of participants reported the highest level of education attained as "some college," 25.0% reported having completed high school or earned a GED, and 22.1% reported having earned an Associate's degree or higher. Because recruitment was limited to CUNY campuses, thereby ensuring that all participants were college or graduate students, it is unclear whether those participants reporting their highest level of education as high school/GED misunderstood the prompt or endorsed this choice because they had not yet completed their first semester of college.

In terms of race and ethnicity, 35.0% of participants identified themselves as Latino or Hispanic American; 24.3% identified as East Asian, Asian American, South Asian, or Indian American; 17.9% identified as Black, Afro-Caribbean, or African American; 10.0% identified as non-Hispanic White or Euro-American; and 12.9% identified as another or mixed race or ethnicity.

The largest portion of the sample (44.9%) reported an individual gross income of under \$20,000. This figure includes all money earned by or given to the individual (e.g., by parents). An additional 15.9% of participants reported an income of \$20,000 to \$30,000, while 15.2% of participants reported an income of over \$50,000, 13.0% reported an income of \$30,001 to \$40,000, and 10.9% of participants reported an income of \$40,001 to \$50,000.

For the purposes of the present research, well siblings were defined as individuals who: a) have a living sibling meeting criteria for chronic illness or disability, as defined above, and b) do not have a parent who meets the above criteria.

The sample included twenty-one participants, or 15% of the total sample, who qualified for inclusion in the well sibling group. These participants reported on characteristics of their ill or disabled siblings, including their sibling's gender and relative age (i.e., younger or older than the participant), as well as characteristics of the diagnosed condition, including number of lifetime hospitalizations due to illness or disability and level of functioning, both currently and during childhood.

Table 1

Sample Characteristics

	<i>M</i> (<i>n</i>)	<i>SD</i> (%)
Gender		
Male	(47)	(33.6%)
Female	(92)	(65.7%)
Transgender	(1)	(0.7%)
Age	20.66	2.09
Education		
High School/GED	(35)	(25.0%)
Some college	(74)	(52.9%)
Associate's or higher	(31)	(22.1%)
Race/Ethnicity		
White	(14)	(10.0%)
Black	(25)	(17.9%)
Latino	(49)	(35.0%)
East or South Asian	(34)	(24.3%)
Other/Multiple	(18)	(12.9%)
Income		
Under \$20,000	(62)	(44.9%)
\$20,000 - \$30,000	(22)	(15.9%)
\$30,001 - \$40,000	(18)	(13.0%)
\$40,001 - \$50,000	(15)	(10.9%)
Over \$50,000	(21)	(15.2%)

Note. Income = annual income, before taxes, from all sources, including parents

Table 2 presents characteristics of the well sibling group. As in the total sample population, participants in the “well sibling” group ranged in age from 18 to 25. They included four males and 17 females. Thirteen participants were older than their ill or disabled sibling and eight were younger. One well sibling endorsed chronic illness or disability in himself, indicating that he had been diagnosed with spina bifida at birth.

The well sibling group reported fourteen different diagnoses for their target siblings, including asthma (three participants), attention deficit/hyperactivity disorder,

autism (two participants), borderline personality disorder, cerebral palsy, cystic fibrosis, depression, dissociative identity disorder, Downs syndrome, hydronephrosis (a kidney disease), epilepsy, learning disability (three participants), myloconic dystonia (a movement disorder), pervasive developmental delay, traumatic brain injury, and ulcerative colitis.

Table 2

Well Sibling Sample Characteristics

	n	%
Sibling Gender		
Male	8	38.1%
Female	13	61.9%
Sibling Age		
Younger	14	66.7%
Older	7	33.3%
Hospitalizations		
None	11	52.4%
1-5	7	33.3%
6-10	3	14.3%
Childhood Level of Functioning		
Functioned Independently	7	33.3%
Required Some Assistance	11	52.4%
Required Complete Assistance	3	14.3%
Current Level of Functioning		
Functions Independently	10	47.6%
Requires Some Assistance	7	33.3%
Requires Complete Assistance	4	19.1%

Note. N = 21

Analysis of Group Differences

A chi-square test of goodness of fit was performed to determine whether there were significant demographic differences between the well sibling and control groups.

Table 3 reports the results of the analysis of between-group differences. There was no significant difference between groups with regard to gender ($\chi^2(2) = 2.60, p = .27$), education ($\chi^2(2) = 4.09, p = .13$), or income ($\chi^2(4) = 8.20, p = .09$). However, there was a significant difference between groups with regard to race/ethnicity ($\chi^2(4) = 17.80, p < .01$). Specifically, the well sibling group contained a significantly larger proportion of individuals identifying as White and a significantly smaller proportion of individuals identifying as Black than the control group.

Table 3

Covariates Between Groups

	Well Siblings <i>n</i> = 21		Control <i>n</i> = 119		Test Statistic	
	<i>n</i>	%	<i>n</i>	%	<i>t</i> (χ^2)	<i>p</i>
Gender					2.60	.27
Male	4	19.0%	43	36.1%		
Female	17	81.0%	75	63.0%		
Transgender	0	0.0%	1	0.8%		
Education					4.09	.13
High School	2	9.5%	33	27.7%		
Some College	15	71.4%	59	49.6%		
Bachelor's or above	4	19.0%	27	22.7%		
Income					8.20	.09
Under \$20,000	6	28.6%	56	47.9%		
\$20,001 - \$30,000	6	28.6%	16	13.7%		
\$30,001 - \$40,000	1	4.8%	17	14.5%		
\$40,001 - \$50,000	2	9.5%	13	11.1%		
Over \$50,000	6	28.6%	15	12.8%		
Race/Ethnicity					17.80	<.01
White	7	33.3%	7	5.9%		
Black	1	4.8%	24	20.2%		
Latino	7	33.3%	42	35.3%		
Asian	3	14.3%	35	29.4%		
Other/Multiple	3	14.3%	11	9.2%		

Factor Analysis and Reduction of Variables

The Separation-Individuation Test of Adolescence

The factorability of the nine SITA subscales was examined to determine the underlying structure of the measure and reduce the nine subscale values to reflect these underlying constructs. Initially, it was observed that all nine subscales correlated at least .3 with at least one other item, suggesting reasonable factorability. A principal axis factor analysis of the nine subscales was conducted on data from 140 participants, followed by oblique rotation. These methods were chosen their theoretical concordance with the instrument, which designed to measure multiple distinct, but not uncorrelated, aspects of separation individuation.

Table 4 presents the factor loading matrix for the final, three-factor solution, which cumulatively accounted for 69.62% of the variance. All items in this analysis had primary loadings over .5. Only one item had a cross-loading above .3 (Separation Anxiety); however, this subscale had a strong primary loading of .72. Factor 1 was labeled Anxiety-Denial due to high loadings by the following four subscales: Rejection Expectancy, Separation Anxiety, Dependency Denial, and Engulfment Anxiety. This first factor explained 34.09% of the variance. Factor 2 was labeled Healthy-Peer due to high loadings by the following two subscales: Healthy Separation and Peer Enmeshment. This factor explained 23.68% of the variance. Factor 3 was labeled Practicing-Nurturance due to high loadings by the following three subscales: Practicing Mirroring, Nurturance Seeking, and Teacher Enmeshment. This factor explained 11.85% of the variance.

Table 4

Summary of Exploratory Factor Analysis Results for SITA Subscales

SITA Subscale	Factor Loadings		
	1	2	3
Rejection Expectancy	.90		
Separation Anxiety	.72		.52
Dependency Denial	.68		
Engulfment Anxiety	.53		
Healthy Separation		.85	
Peer Enmeshment		.74	
Practicing Mirroring			.61
Nurturance Seeking			.60
Teacher Enmeshment			.57
% of Variance	34.09	23.68	11.85

Note. Factor loadings below .5 have been suppressed.

The results of this factor analysis reveal an underlying factor structure that conforms to theory and research in important ways. For example, the newly derived Anxiety-Denial factor is comprised of four SITA subscales—Separation Anxiety, Dependency Denial, Engulfment Anxiety, and Rejection Expectancy—that have been found to hang together in research. Holmbeck and Leake (1999) demonstrated that Separation Anxiety, Dependency Denial, and Engulfment Anxiety all correlated significantly with poor psychological adjustment. Following this and other confirmatory findings, Lapsley and colleagues (2001) used these three subscales to create an independent measure of dysfunctional individuation. Furthermore, all four subscales comprising the Anxiety-Denial factor were shown to load highly onto a measure of depression and, to a lesser degree, anxiety, in Quintana and Kerr's (1993) research.

Less research has been focused on the SITA subscales that comprise the other two factors, thereby creating less empirically-derived validation for the loadings obtained.

However, both the Healthy-Peer and Practicing-Nurturance factors reflect underlying theoretical similarities in their component subscales. For example, given that healthy separation and individuation from parents is a necessary condition for identity development and peer attachment, it is possible that the correlation between these subscales reflects a transition from parent- to peer-oriented strivings for closeness. Furthermore, a small amount of research exploring these subscales supports their loading onto a common factor. In clinical and control samples alike, both Healthy Separation and Peer Enmeshment were significantly and positively correlated with personality types reflecting sociability and confidence in Levine and Saintonge's (1993) research. Aslan (2013) found that both subscales were predicted by high levels of assertiveness in a sample of Turkish adolescents.

Similarly, the three SITA subscales that make up the Practicing-Nurturance factor—Practicing Mirroring, Nurturance Seeking, and Teacher Enmeshment—share a common fundamental organization around object seeking. This manifests in the Practicing Mirroring subscale as attention- and validation-seeking behavior, in the Nurturance Seeking subscale as strong dependency needs, and in the Teacher Enmeshment subscale as affiliation with adult authority figures. The Practicing Mirroring and Teacher Enmeshment subscales may also be seen to share an engagement with approval seeking.

The Filial Responsibility Scale for Adults

Relationships among subscales of the FRS-A were examined using Pearson product moment correlation coefficients to determine whether either past or current parentification subscales could be used to represent the entire construct of parentification.

Table 5 reports the results of an analysis of the relationships between subscales of the FRS-A measuring past caregiving and subscales of the FRS-A measuring current caregiving. In addition, total scores were computed for both past and current caregiving by summing the scores of the three subscales in each area; these scores were subsequently entered into the correlation matrix. This total score adds sensitivity to the measure by reflecting the existence of subscale score differences that do not reach significance on their own. Correlations between all subscales were significant and positive, and results indicated strong relationships between past and current subscales measuring the same parentification variables (e.g., Past Instrumental Caregiving and Current Instrumental Caregiving). The correlation between past and present total scores was significant and positive as well, $r(138) = 0.80, p < .01$.

Table 5

Correlations Between Subscales of the FRS-A (Past and Current)

FRS Subscale	Current Instrumental	Current Expressive	Current Unfairness	Current Total
Past Instrumental	.79**	.50**	.57**	.70**
Past Expressive	.53**	.72**	.63**	.70**
Past Unfairness	.55**	.48**	.86**	.72**
Past Total	.68**	.64**	.77**	.80**

Note. $N = 140$. ** $p < .01$, two-tailed.

This analysis indicated strong relationships between subscales measuring past parentification and their current counterparts. This result may be explained, in part, by the relatively young age of the sample, for whom the distinction between past and present family dynamics may be less pronounced than it would be for an older adult population.

The significance and strength of the correlations along the diagonal of the matrix produced informed the use of current caregiving subscales alone—that is, to represent the entire construct of caregiving—in multiple regression analyses. By reducing the number of caregiving subscales from six (Past Instrumental, Past Expressive, Past Unfairness, Current Instrumental, Current Expressive, and Current Unfairness) to three (Current Instrumental, Current Expressive, and Current Unfairness), it was possible to reduce the number of variables entered into the regression analyses while maintaining the nuance captured by measuring different types of caregiving.

Subscales of the FRS-A will hereafter be referred to simply as Instrumental Caregiving, Expressive Caregiving, and Unfairness.

Parentification: Well Siblings versus Controls

It was anticipated that well sibling participants would report higher overall levels of parentification than controls. To test this hypothesis, an independent samples t-test was conducted to compare parentification in well sibling and control groups. Parentification was assessed using three FRS-A subscales (Instrumental Caregiving, Expressive Caregiving, Unfairness) and a total parentification score (Total Parentification). Results provided moderate support for the hypothesis.

Table 6 reports the results of an analysis of mean differences in parentification. There was a significant difference in Expressive Caregiving scores between the well sibling group ($M = 33.67$, $SD = 6.93$) and the control group ($M = 30.55$, $SD = 5.58$); $t(140) = -2.28$, $p = .02$. This result indicates significantly higher levels of expressive caregiving in well siblings relative to individuals with healthy siblings. Likewise, a significant difference in Total Parentification scores emerged between the well sibling

group ($M = 93.00$, $SD = 23.49$) and the control group ($M = 82.79$, $SD = 17.84$); $t(140) = -2.31$, $p = .02$. This result indicates significantly higher levels of total parentification in well siblings relative to individuals with healthy siblings. Taken together, these findings lend support to the hypothesis that well siblings experience higher levels of parentification than their counterparts with healthy siblings.

It is notable that, while well siblings reported significantly higher scores than controls on two of four subscales, on all subscales, both well sibling and control participants earned scores at or above the median. Median scores on the expressive caregiving and unfairness subscales were provided by Jurkovic and Thirkield (1999) as a guideline for identifying destructive levels of parentification.

Table 6

FRS-A Subscale and Total Scores for Well Siblings and Controls

FRS-A Subscale	Well Sibling		Control		Test Statistic	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>
Instrumental Caregiving	29.24	10.03	27.46	5.80	-0.80	.44
Expressive Caregiving	33.67	6.93	30.55	5.58	-2.28*	.02
Unfairness	30.10	9.23	26.11	8.26	-2.00	.47
Total Parentification	93.00	23.49	82.78	17.84	-2.31*	.02

Note. * $p < .05$

Separation-Individuation: Well Siblings versus Controls

It was anticipated that well siblings and controls would manifest different patterns of elevations on subscales of the SITA. To test this hypothesis, an independent samples t-test was conducted to compare dimensions of separation-individuation in well sibling and control groups. Separation-individuation was assessed using the original, nine-subscale

model of the SITA, as well as the newly derived three-factor model. Results provided minimal support for the hypothesis.

Table 7 reports the results of an analysis of mean differences in dimensions of separation-individuation using the original, nine-subscale model of the SITA. A significant difference in Nurturance Seeking scores emerged between the well sibling group ($M = 29.77$, $SD = 7.19$) and the control group ($M = 33.43$, $SD = 5.83$); $t(137)$, $p < .01$. This result indicates significantly higher scores on the SITA Nurturance subscale in the control group relative to the well sibling group. No other significant differences between groups emerged. Furthermore, nonsignificant differences between groups emerged in the predicted direction on only two of four subscales comprising problematic separation-individuation.

Table 7

SITA Scores for Well Siblings and Controls (9-Subscale Model)

Subscale	Well Sibling $n = 21$		Control $n = 119$		Test Statistic	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>
Engulfment Anxiety	29.35	7.48	31.32	7.09	1.18	.24
Practicing Mirroring	29.39	4.36	30.97	5.28	1.32	.19
Dependency Denial	23.18	5.42	25.22	6.37	1.40	.16
Separation Anxiety	29.03	5.33	28.44	5.50	-0.46	.65
Teacher Enmeshment	27.84	7.75	27.13	6.71	-0.45	.66
Peer Enmeshment	34.49	7.19	35.31	6.62	.53	.60
Nurturance Seeking	29.77	6.31	33.43	5.83	2.67**	.01
Healthy Separation	39.09	6.09	38.24	5.88	-.62	.54
Rejection Expectancy	25.79	6.41	25.29	7.31	-.30	.77

Note. ** $p \leq .01$.

Table 8 reports the results of an analysis of mean differences in dimensions of separation-individuation using the newly derived, three-factor model of the SITA. No significant differences emerged between groups on any factor of separation-individuation. Taken together, these results lend minimal support to the hypothesis that well siblings and control groups would manifest different elevations on subscales of the SITA.

Table 8

SITA Scores for Well Siblings and Controls (3-Factor Model)

	Well Sibling <i>n</i> = 21		Control <i>n</i> = 119		Test Statistic	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>
Anxiety-Denial	107.19	17.95	109.95	20.92	.57	.57
Healthy-Peer	73.58	12.13	73.54	11.47	-.01	.99
Practicing-Nurturance	87.01	13.79	89.96	14.41	.89	.38

Effect of Parentification on SITA Anxiety-Denial Scores

Table 9 summarizes the results of an analysis to evaluate the effect of demographic and clinical variables on SITA Anxiety-Denial scores. Independent variables and covariates were entered in the order described above. Demographic covariates entered in the first step of the hierarchical model accounted for a significant proportion of the variance in SITA Anxiety-Denial scores, $\Delta R^2 = .22, p < .001$. Specifically, the effects of non-white race or ethnicity (i.e., participant self-identified as Black, Latino, Asian, or other/mixed race) on SITA Anxiety-Denial were each significant. In addition, there was a significant and negative correlation between income and SITA Anxiety-Denial score, such that subjects reporting lower income scored higher on this factor. A model including parentification measures accounted for an additional 22% of the variance, $\Delta R^2 = .22, p < .001$. In the final model, Unfairness ($\beta = .55, SE =$

0.21, $p < .001$) accounted for a significant portion of the variance in SITA Anxiety-Denial scores. This suggests that the perception of unfairness of the parentified role may predict problematic separation-individuation more reliably than reported parentification itself.

Effect of Parentification on SITA Healthy-Peer Scores

Table 10 summarizes the results of an analysis evaluating the effect of demographic and clinical variables on SITA Healthy-Peer scores. Independent variables and covariates were entered in the order described above. Results of this analysis did not support the hypothesis. No full model explained a significant amount of the variance. However, a single variable, “other” ethnicity ($\beta = -.29$, $SE = 4.3$, $p = .02$), explained a significant amount of the variance in SITA Healthy-Peer scores in all three models.

Effect of Parentification on SITA Practicing-Nurturance Scores

Table 11 summarizes the results of an analysis evaluating the effect of demographic and clinical variables on SITA Practicing-Nurturance scores. Independent variables and covariates were entered in the order described above. Results of this analysis supported the hypothesis. Caregiving variables, as measured by the FRS-A, accounted for 10% of the variance in SITA Practicing-Nurturance scores ($\Delta R^2 = .10$, $p = >.003$), with Instrumental Caregiving ($\beta = .68$, $SE = .24$, $p = .006$) contributing significantly to the model. In addition, though full models not containing parentification variables did not explain a significant amount of the variance, one variable, Asian ethnicity, achieved significance.

Table 9
Summary of Hierarchical Regression Analysis for Predicting SITA Anxiety-Denial scores

Predictors	SITA Anxiety-Denial			ΔR^2	<i>P</i>
	<i>B</i>	<i>SE</i>	β		
Model 1				.22***	<.001
Age	-0.80	0.79	-.84		
Gender	3.69	3.61	.09		
Income	-2.79**	1.09	-.21		
Ethnicity: Black	20.86**	6.52	.40		
Ethnicity: Latino	12.95*	5.95	.31		
Ethnicity: Asian	26.49***	6.11	.57		
Ethnicity: Other	21.81**	6.91	.37		
Model 2				.02	.45
Age	-0.98	0.80	-.10		
Gender	3.27	3.63	.08		
Income	-2.93**	1.10	-.22		
Ethnicity: Black	23.33***	7.02	.45		
Ethnicity: Latino	14.65*	6.42	.35		
Ethnicity: Asian	28.53***	6.67	.61		
Ethnicity: Other	23.11**	7.44	.39		
Ill sibling	7.94	6.28	.14		
Ill relative	-2.48	8.90	-.03		
Ill self	2.17	5.51	.04		
Model 3				.22***	<.001
Age	-0.87	0.69	-.09		
Gender	2.06	3.1	.05		
Income	-1.80	0.97	-.14		
Ethnicity: Black	10.04	6.53	.19		
Ethnicity: Latino	3.53	5.95	.08		
Ethnicity: Asian	12.70	6.45	.27		
Ethnicity: Other	9.13	6.87	.15		
Ill sibling	1.13	5.52	.02		
Ill relative	3.23	7.73	-.04		
Ill self	-1.311	4.75	-.02		
Instrumental Caregiving	0.26	0.29	.09		
Expressive Caregiving	-0.59	0.31	-.17		
Unfairness	1.32***	0.21	.55		

Note: *n* = 140. Ill sibling: participant endorsed chronic illness or disability in a sibling; ill relative: participant endorsed chronic illness or disability in a non-sibling, non-parent relative who lived in the home where participant grew up all of the time or most of the time; ill self: participant endorsed chronic illness or disability in him- or herself. **p* ≤ .05; ***p* ≤ .01; ****p* ≤ .001.

Table 10

Summary of Hierarchical Regression Analysis for Predicting SITA Healthy-Peer scores

Predictors	SITA Healthy-Peer			
	<i>B</i>	<i>SE</i>	β	ΔR^2
Model 1				.06
Age	-0.25	0.49	-.05	
Gender	-1.38	2.25	-.06	
Income	-0.38	0.68	-.05	
Ethnicity: Black	-3.5	4.06	-.12	
Ethnicity: Latino	-1.75	3.70	-.07	
Ethnicity: Asian	-3.29	3.80	-.12	
Ethnicity: Other	-10.03*	4.30	-.29	
Model 2				.02
Age	-0.35	0.50	-.06	
Gender	-1.35	2.27	-.06	
Income	-0.32	.69	-.04	
Ethnicity: Black	-4.51	4.38	-.15	
Ethnicity: Latino	-2.91	4.01	-.12	
Ethnicity: Asian	-4.57	4.17	-.17	
Ethnicity: Other	-11.71	4.64	-.34	
Ill sibling	2.29	3.92	.07	
Ill relative	-5.90	5.55	-.13	
Ill self	3.23	3.44	.09	
Model 3				.03
Age	-0.48	0.50	-.09	
Gender	-1.65	2.27	-.07	
Income	-0.42	0.70	-.06	
Ethnicity: Black	-4.95	4.73	-.16	
Ethnicity: Latino	-3.61	4.31	-.15	
Ethnicity: Asian	-5.08	4.67	-.19	
Ethnicity: Other	-11.99*	4.98	-.35	
Ill sibling	2.20	4.00	.07	
Ill relative	-6.15	5.53	-.13	
Ill self	3.44	3.44	.10	
Instrumental Caregiving	0.16	0.21	.09	
Expressive Caregiving	0.29	0.23	.15	
Unfairness	-0.25	0.16	-.18	

Note: $n = 140$. Ill sibling: participant endorsed chronic illness or disability in a sibling; ill relative: participant endorsed chronic illness or disability in a non-sibling, non-parent relative who lived in the home where participant grew up all of the time or most of the time; ill self: participant endorsed chronic illness or disability in him- or herself. * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.

Table 11

Summary of Hierarchical Regression Analysis for Predicting SITA Practicing-Nurturance score

Predictors	SITA Practicing-Nurturance			ΔR^2	<i>P</i>
	<i>B</i>	<i>SE</i>	β		
Model 1				.06	.31
Age	0.02	0.59	.004		
Gender	-1.78	2.72	-.06		
Income	-0.44	0.82	-.05		
Ethnicity: Black	4.59	4.91	.13		
Ethnicity: Latino	5.25	4.48	.18		
Ethnicity: Asian	11.63*	4.60	.36		
Ethnicity: Other	5.89	5.20	.14		
Model 2				.002	.96
Age	0.02	0.61	.003		
Gender	-1.90	2.76	-.06		
Income	-0.52	0.84	-.06		
Ethnicity: Black	5.14	5.33	.14		
Ethnicity: Latino	5.48	4.88	.19		
Ethnicity: Asian	12.28*	5.07	.38		
Ethnicity: Other	6.28	5.65	.15		
Ill sibling	1.89	4.77	.05		
Ill relative	-0.10	6.76	-.02		
Ill self	-1.89	4.19	-.04		
Model 3				.10**	<.01
Age	-0.23	0.59	-.03		
Gender	-2.97	2.66	-.10		
Income	-0.58	0.82	-.06		
Ethnicity: Black	0.40	5.54	.01		
Ethnicity: Latino	1.14	5.04	.04		
Ethnicity: Asian	7.59	5.47	.23		
Ethnicity: Other	1.91	5.83	.05		
Ill sibling	0.47	4.68	.01		
Ill relative	-1.35	6.47	-.02		
Ill self	-2.22	4.02	-.05		
Instrumental Caregiving	0.68**	0.24	.32		
Expressive Caregiving	0.29	0.27	.12		
Unfairness	0.33	0.18	-.19		

Note: $n = 140$. Ill sibling: participant endorsed chronic illness or disability in a sibling; ill relative: participant endorsed chronic illness or disability in a non-sibling, non-parent relative who lived in the home where participant grew up all of the time or most of the time; ill self: participant endorsed chronic illness or disability in him- or herself. * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.

Summary of Results

In the present study, a *t*-test of group differences was conducted to examine levels and types of parentification endorsed by both well siblings and controls. Results provided moderate support for the hypothesis that well siblings would endorse higher levels of parentification than controls, with significant elevations emerging in the well sibling group on measures of emotional parentification and total parentification. *T*-tests of group differences were performed to examine well sibling and control group elevations on both a nine-subscale and a three-factor model of separation-individuation. Results provided minimal support for the hypothesis that well siblings and controls would manifest significantly different subscale or factor elevations. Finally, a hierarchical multiple regression analysis was conducted for each SITA factor in order to determine the effect of parentification on SITA score while controlling for demographic variables. Results provided mixed support for the hypothesis that parentification would predict quality of separation individuation.

CHAPTER 5: DISCUSSION

Siblings of individuals with a chronic illness or disability comprise a population of growing interest in the psychological literature. However, research thus far has been conducted almost exclusively on school-aged children and early adolescents. Furthermore, the majority of research focuses on direct measures of psychological distress, such as presence of clinical symptoms. Those that have explored nonclinical phenomena such as well siblings' experiences of parentification have rarely analyzed its relationship to other variables of potential significance. The present study extended the well sibling literature to the developmental period of emerging adulthood, exploring parentification and separation-individuation in a young adult population of well siblings and controls. Specifically, this study examined group differences in parentification and separation-individuation and explored the utility of parentification as a predictor of separation-individuation.

A detailed discussion of the study findings is presented in the following sections, beginning with a summary of the results obtained and a review of the implications of these findings, followed by a consideration of the study's limitations and recommendations for future research.

Summary of Main Findings

Extensive studies on school-aged well siblings reveal that a variety of psychosocial phenomena have been associated with the experience of growing up with a chronically ill or disabled sibling. Previous studies on well siblings under the age of 18 have identified a tendency for these individuals to adopt a parentified role within the family and assume both instrumental and emotional caretaking responsibilities (Abrams,

2009; Berge & Patterson, 2004; Fleary & Heffer, 2013; Lamorey, 1999). This study examined differences between well siblings and controls on three facets of parentification as well as a summative measure in order to test the prediction that well siblings would demonstrate higher levels of parentification than controls. Results provided moderate support for this hypothesis, with well siblings reporting significantly higher levels of Expressive Caregiving and Total Parentification than controls. While group differences on Instrumental Caregiving and Unfairness subscales did not reach significance, the well sibling group reported higher scores on both, and these nonsignificant differences are captured in the total score, along with the significant difference in Expressive Caregiving.

Correlations between low socioeconomic status and parentification have been noted in the research (Chase, 2009; Boszormenyi-Nagy & Spark, 1973; Minuchin et al., 1967). The absence of a significant difference between groups on the Instrumental Caregiving subscale may be explained in part by the relatively low socioeconomic status of the sample as a whole, more than 60% of whom reported a total annual income of less than \$30,000. That is, it is possible that the predicted difference in Instrumental Caregiving was suppressed by a shared socioeconomic environment that required increased caretaking responsibilities of the entire sample. That both the well sibling and control groups earned mean scores above the median on all four measures of parentification lends support to this interpretation.

Though no significant difference was observed between groups with regard to Unfairness, it should be noted that this construct was present at “destructive levels,” according to the guidelines proposed by Jurkovic and Thirkield (2011). That the difference between groups on this subscale failed to achieve significance may simply

reflect that the caregiving responsibilities of the well sibling group were acknowledged and reciprocated with moderately greater frequency and consistency than were the responsibilities of their counterparts in the control group. One can imagine that the presence of an ill or disabled child might make parents more aware of the efforts put forth by the well sibling, assuming the parents are sensitive to the particular challenges of being a well sibling. It is also possible that well siblings more deeply internalized a sense of responsibility and identified with the role of caretaker to a greater degree than controls, rather than perceiving those responsibilities as wholly externally motivated. Furthermore, the experience of having an ill sibling may have provided the well siblings with ample opportunities to adjust to “unfair” situations, perhaps making them somewhat more capable of adjusting to their family role.

A review of the existing literature formed the basis for this study’s hypothesis that well siblings and controls would manifest different elevations on subscales of the SITA. Previous research suggests that school-aged well siblings differ from siblings of healthy individuals on a variety of psychosocial variables, including quite a few that might be understood to impact the process of separation-individuation. For example, in Blos’s (1967) conceptualization, one of the primary tasks of adolescent separation-individuation is the achievement of conflictual independence, a sort of resolution of conflicts and disappointments with one’s parents. Yet the well sibling literature is rife with reports of resentment, anger, and guilt in this population (Abrams, 2009; Agger, 1998; Aronson, 2009; Caplan, 2011; Fleary & Heffer, 2013; Safer, 2009). One wonders, as well, whether parents coping with the grief and loss associated with a child’s illness might struggle to function as the type of secure base that Aquilino (2006) proposed by Aquilino as a crucial

component of healthy adolescent identity development. Indeed, examples of potential pathways for interference with well siblings' separation-individuation process abound.

However, findings from this study provided minimal evidence to support the prediction of group differences on a measure of separation-individuation. Results of a comparison of group means using the three-factor model of the SITA neither achieved nor approached significance. The finding that well sibling status did not predict Anxiety-Denial scores suggests that the impact of having a chronically ill or disabled sibling does not directly disrupt separation-individuation processes for this sample. Furthermore, this finding suggests that even well siblings experiencing relatively high levels of parentification can successfully navigate the developmental tasks of emerging adulthood.

Using the original, nine-subscale model provided results marginally more in line with prediction, with differences on a single subscale emerging as significant. In this analysis, the control group earned significantly higher scores on Nurturance Seeking, a subscale that reflects both strong dependency needs and positive expectations for their gratification. Though no a priori distinction was hypothesized, this result is consistent with research findings that portray well siblings as self-contained, responsible, and perhaps likely to under-express their dependency needs (e.g., Abrams, 2009; Giallo et al., 2012). That said, despite its statistical significance, this result might best be interpreted with caution, as the margin of difference in Nurturance Seeking scores obtained is not robust enough to strongly suggest a clinically significant difference between groups.

Parentification describes a dynamic occurring within families where children adopt responsibility for the emotional or functional needs of another family member. Often understood to be a form of boundary violation or dissolution, and touching, as it

does, on issues of relatedness, autonomy, and identity development, parentification would seem, in theory, to bear heavily on the process of adolescent separation-individuation in numerous important ways. If one's family role involves significant instrumental and emotional caregiving responsibilities and one's identity had become organized to some degree around this role, it may be difficult to achieve of the kind of functional and emotional independence that "successful" separation-individuation requires (Blos, 1967). Indeed, parentification adds considerable complexity to the construct of independence as it pertains to emerging adulthood. Though adolescents' independence is commonly conceptualized as independence from their own dependency needs, one must also consider whether the degree to which others depend on the adolescent might impact this achievement.

The present study explored the relationship between parentification and separation-individuation in order to test the hypothesis that Instrumental Caregiving, Expressive Caregiving, and Unfairness would explain a significant amount of the variance in SITA categorization. Support for this hypothesis emerged in an analysis of variance in SITA Anxiety-Denial scores. The SITA Anxiety-Denial factor comprises scales that reflect what might be considered particular challenges with the separation-individuation process, including three subscales used in existing research to measure "dysfunctional individuation" (Lapsley, 2001). In this analysis, a model including parentification measures accounted for a significant portion of the variance in SITA Anxiety-Denial scores after controlling for demographic variables and the effect of having an ill or disabled sibling. Only one parentification subscale, Unfairness, contributed significantly to the model; the effect of Instrumental Caregiving was not

significant, and the effect of Expressive Caregiving approached, but did not achieve, significance. This finding lends only moderate support to theoretical conceptualizations of parentification as a dysfunctional or destructive dynamic. However, the emergence of Unfairness alone as a significant component of the model lends support to Jankowski et al.'s (2011) finding that unfairness mediated the relationship between parentification and a variety of measures of psychological distress. That is, more than the assumption of functional or emotional caregiving responsibilities—which the sample endorsed at higher than median levels—it was the perceived unfairness of these responsibilities that most usefully predicted difficulty in the separation-individuation process. This finding may guide future research to focus on this construct. In addition, exploration of this subscale on an item level may provide a more thorough and nuanced understanding the aspects of the parentification dynamic that most significantly correlate with psychosocial and pathological outcome measures.

The SITA Practicing-Nurturance factor taps relational qualities related to dependency needs and approval-seeking. Its component subscales have been associated with personality types characterized by compliance and responsibility as well as positive overall adjustment outcomes such as confidence and self-esteem (Levine et al, 1986; Levine & Saintonge, 1993). In the analysis for predicting Practicing-Nurturance scores, a model including parentification measures explained a significant amount of the variance in Practicing-Nurturance scores after controlling for demographic variables and the effect of having an ill or disabled sibling. Only one parentification subscale, Instrumental Caregiving, contributed significantly to the model; a negative relationship between Unfairness and Practicing-Nurturance approached but did not achieve significance.

These findings simultaneously adhere to, and raise questions about, existing conceptualizations of instrumental parentification. Given that the Practicing-Nurturance factor appears to represent a more adaptive negotiation of the separation-individuation process than does the Anxiety-Denial factor, results of this analysis support findings from past research that suggest the potential for positive outcomes following instrumental caregiving (e.g. Hooper, 2007; Hooper, Marotta, & Lanthier, 2011). The “optimally” parentified child this literature suggests is given instrumental responsibilities appropriate to his developmental capacities and is likely to appear compliant, competent, and successful—an apt reflection of a separation-individuation process navigated primarily in accordance with Practicing-Nurturance. The degree to which one views this finding with optimism, however, depends upon the psychological mechanisms one attributes to the sort of responsible, highly related, and approval-seeking young adult who strongly endorses the items comprising the Practicing-Nurturance factor. One might take these successes at face value and equate doing well with being well—indeed, even Jurkovic and Thirkield (2001) did not create guidelines for identifying “destructive levels” of instrumental parentification—or, alternately, recall Abrams’s (2009) Jones and Wells’s (1996) admonitions that the parentified child’s air of mastery may be less a function of developmental achievement than an “induced” stance defensively adopted in order to please one’s parents. That is, the Practicing-Nurturing factor has an undertone of false self about it that its strong correlation with parentification does little to offset.

The finding that parentification variables did not significantly contribute to variations in SITA Healthy-Peer scores lends itself to a few, potentially complementary interpretations. The Healthy-Peer factor represents a measure of successful adaptation to

the developmental period of emerging adulthood. The use of a college sample in the present study may provide some explanation for the failure to find significance in this analysis. Earley and Cushway (2002) proposed that students represent a group “who have achieved a degree of independent functioning and might therefore be construed as ‘survivors of the parentification process’” (p. 172). Therefore, it is possible this group has already achieved enough of the type of healthy separation measured by this subscale to counteract the negative impact of relatively high levels of parentification and perceived unfairness. Indeed, given the low socioeconomic status of the sample, the pursuit of higher education itself suggests an individuated, striving orientation. The failure to find significance may also be related to problems with the validity of the Healthy Separation subscale, which comprises half of the Healthy-Peer factor. Though a number of studies support the reliability of the subscale (e.g., Gnaulati & Heine, 2001, Levine, Green, & Millon, 1986; Levine & Saintonge, 1993; McClanahan & Holmbeck, 1992), Rice, Cole, and Lapsley (1990) found that the subscale did not correlate significantly with measures of functional, attitudinal, emotional, or conflictual independence. Additionally, assuming the validity of the factor, it is possible that the achievement of healthy balance between strivings for dependence and independence is simply too complex a task to be adequately explained by any of the relatively small number of independent variables explored in the present analysis, either alone or in combination with one another. Along these lines, one might also consider an explanation for the failure to find significance that focuses on the premise itself—that is, the theory of adolescent separation-individuation from which the SITA was derived. While this conceptualization of the relational tasks of early adulthood continues to feel relevant nearly sixty years after its appearance in the literature, one

might also propose that contemporary psychologists would do well to review, and perhaps revise, theories related to this developmental period about which the dominant cultural understanding has changed so dramatically.

Limitations and Future Directions

The present study extended research on the parentification of well siblings to the developmental period of emerging adulthood by analyzing well sibling and control group differences on measures of parentification. In addition, the study explored differences between well sibling and control groups with regard to patterns of separation-individuation. Finally, the study explored the relationship between two constructs—parentification and separation-individuation—that have been linked in theory but rarely, if ever, been empirically researched. The three research questions addressed in this study represent a contribution to under-examined areas of both well sibling and late adolescent experience. Despite these conceptual strengths, however, several limitations of the present study are noted.

The use of a university sample meant that all participants had demonstrated sufficient resilience and adaptation to succeed at the level of higher education; that is, they represent the “survivors of the parentification process” noted by Earley and Cushway (2002). Though this study did not directly measure resilience or psychological adaptation, it explored constructs that are likely related to college (or graduate/professional school) enrollment status. Thus, while the population is particularly diverse with regard to race and ethnicity, the use of student participants in the present study may constitute a conceptually significant sampling bias, as the population of college students in general may be understood as a group that have achieved a greater

degree of separation-individuation from their family of origin than the population of emerging adults who have not pursued higher education. One might expect that parentified adolescents, such as those in Earley et al.'s (2007) study, who reported feelings of anxiety or fear when separated from the object of their caretaking responsibilities, might be less likely to engage in post-secondary activities that required prolonged separation. That is, emerging adults who have adopted caretaking responsibilities beyond a certain level may be disinclined or unable to take on the additional responsibilities of college or substitute academic responsibilities for their familial caretaking role.

The present research was designed to identify significant differences between two groups on constructs of parentification and separation-individuation. The study used data from a fairly robust sample of 140 participants comprising a well sibling and a comparison group of markedly different sizes (21 versus 119, respectively). As the statistical analyses performed on the data do not rely on an assumption of equal sample sizes, unequal sample size does not constitute a statistical problem *per se*.

However, accurate analysis and interpretation do rely on an assumption of homogeneity of variance. While, in the present study, this assumption was met with regard to demographic variables in all but two instances, it is reasonable to expect that the variables on which significant differences emerged—that is, Black and White ethnicity—would have a confounding effect on the results of the research. Specifically, the well sibling group contained a significantly greater percentage of White participants and a significantly smaller percentage of Black participants than the comparison group. Though findings on ethnic differences in relation to either variable of interest are inconsistent,

some research suggests that emotional parentification is both more prevalent and less predictive of negative outcome among Black adolescents (e.g., Hooper et al., 2012; McMahon & Luthar, 2007). However, the most significant difference between groups with regard to variables of interest emerged in the opposite direction of what would have been predicted given the ethnic difference observed. That is, the predominantly White well sibling group reported higher levels of emotional parentification and total parentification than did the control group, in which White participants were relatively underrepresented. Again, existing literature on parentification is neither extensive nor consistent enough to draw conclusions about the significance of the results obtained in the present study; however, it does support interpretation of the differences observed as being related to well sibling status, rather than a reflection of culturally normative phenomena.

Because of the ethnic diversity of the sample as a whole, it was possible to examine ethnic differences in the variables of interest in a way that is often difficult in research that uses predominantly White university samples. Results from this study suggest two potential areas for closer examination. Findings of ethnicity-related predictors of SITA factor score obtained in the initial models of the hierarchical regression analyses may guide future research to more thoroughly investigate ethnic differences in separation-individuation. For example, in the regression for predicting Anxiety-Denial factor scores, each non-White ethnic variable explained a significant amount of the variance, with all correlations in a positive direction. However, though these results may represent real ethnic difference in separation-individuation, they also suggest a need to examine the cultural sensitivity of the SITA. This measure, which was

developed in 1986 using a predominantly White university sample, has been used in research using ethnically diverse samples, but has not been subjected to a full scale examination of its validity and reliability in non-White populations.

While the FRS-A is superior to similar measures in its ability to differentiate between emotional and instrumental parentification, it fails to recognize theoretically important and potentially statistically significant variables such as the age at which parentification began (see Jurkovic, Jessee, & Goglia, 1991); the duration of caretaking responsibilities (see Hooper & Doehler, 2012); the level of responsibility assumed; the degree to which parentification was forced, coerced (see Kerig, 2005), or culturally endorsed; or the specific object or objects, and number of objects, of the respondent's caretaking. Accounting for the aforementioned variables in future research may more clearly establish the features of parentification most relevant to the outcome of interest. Future research on well siblings in particular might benefit from assessment of both sibling-specific and more general parentification in order to explore whether differential outcomes are associated with variations in the object of caretaking.

Because this research relies on self-report measures of parentification and separation-individuation, collected data may be subject to various kinds of response bias. Participants may have experienced discomfort, shame, or guilt about reporting higher levels of parentification, particularly following activation of their well-sibling status. Alternately, social desirability factors regarding separation-individuation may have influenced participants to endorse autonomy-related items more strongly, especially among well sibling participants. However, results obtained in the present study do not directly suggest that such response biases were activated strongly enough to impact

results.

Finally, the decision not to differentiate among chronic conditions in the present research may limit the specificity and sensitivity of the present research. This decision was informed by a number of factors, including a substantial precedent for conducting research on samples that are heterogeneous with regard to disability or illness. Siblings of children with a variety of conditions are frequently included in the same participant group (e.g., Abrams, 2009; Brennan et al., 2012; Breslau, 1982; Breslau et al., 1981; Caplan, 2011; Damiani, 1999; Fleary & Heffer, 2013; Giallo & Gavidia-Payne, 2006; Giallo et al., 2012; Howe, 2006; Lamorey, 1999; Lavigne & Ryan, 1979; Williams et al., 2002). Furthermore, despite important differences in the specific nature, management, and impairments associated with different conditions, Giallo and Gavidia-Payne (2006) believe “it is likely that the experience of siblings of children with a range of disabilities overlap” (p. 946). Finally, including a broader range of illness and disability types proved crucial to obtaining a sample large enough to meaningfully analyze and interpret the data collected. However, obtaining a well sibling sample whose siblings shared either a specific diagnosis or a specific group of diagnoses (e.g., developmental disabilities) would increase the homogeneity of illness- or disability-related variables such as age of onset, course, severity, and heritability, thereby decreasing the possibility that these variables might confound results.

Conclusion

The current study provided support for findings of the increased emotional and overall parentification of well siblings of individuals with a chronic illness or disability. Providing a novel contribution to the literature, results of this study suggest that a

parentified role may be maintained beyond childhood and early adolescence, into the developmental period of emerging adulthood. In addition, the present study suggests that parentification significantly impacts the process of adolescent separation-individuation. While perceived unfairness of one's parentified role was associated with dysfunctional aspects of separation-individuation, instrumental parentification predicted a more concretely adaptive, but still potentially conflicted, negotiation of the separation-individuation process.

Knowing about the experiences of well siblings, not only in childhood but throughout the life course, helps families and clinicians alike respond appropriately and effectively to the particular challenges of their circumstances. Furthermore, findings of a relationship between parentification—a dynamic that impacts families of all configurations of health status—and separation-individuation allow for a deeper understanding of late adolescent development. Thus, this study may provide a meaningful contribution to well sibling research as well as to the literature on the developmental period of emerging adulthood.

APPENDICES

Appendix A: Filial Responsibility Scale—Adult (FRS-A)

The following statements are descriptions of experiences you might have had growing up as a child in your family. Because each person's experiences are unique, there are no right or wrong answers. Just try to respond with the rating that fits best. Please respond to every question.

1 = STRONGLY DISAGREE 2 = DISAGREE 3 = NEITHER AGREE NOR DISAGREE 4 = AGREE 5 = STRONGLY AGREE

1. I did a lot of the shopping (e.g., for groceries or clothes) for my family.
2. At times I felt I was the only one my mother or father could turn to.
3. I helped my brothers or sisters a lot with their homework.
4. Even though my parents meant well, I couldn't really depend on them to meet my needs.
5. In my family, I was often described as being mature for my age.
6. I was frequently responsible for the physical care of some member of my family (e.g., washing, feeding, or dressing him or her).
7. It often seemed that my feelings weren't taken into account in my family.
8. I worked to help make money for my family.
9. I often felt like a referee in my family.
10. I often felt let down by members of my family.
11. In my family I often made sacrifices that went unnoticed.
12. It seemed like family members were always bringing me their problems.
13. I often did the family's laundry.
14. If a member of my family were upset, I usually didn't get involved.
15. My parents were very helpful when I had a problem.
16. In my house I rarely did the cooking.
17. My parents often tried to get me to take their side in conflicts.
18. Even when my family did not need my help, I felt very responsible for them.
19. I was rarely asked to look after my siblings.
20. Sometimes it seemed that I was more responsible than my parents were.
21. Members of my family understood me pretty well.
22. My parents expected me to help discipline my siblings.
23. My parents often criticized my efforts to help out at home.
24. I often felt that my family could not get along without me.
25. For some reason it was hard for me to trust my parents.
26. I often felt caught in the middle of my parents' conflicts.
27. I helped manage my family's financial affairs (e.g., making decisions about purchases or paying bills).
28. In my family, I often gave more than I received.
29. It was hard sometimes to keep up in school because of my responsibilities at home.
30. I often felt more like an adult than a child in my family.

The following statements are descriptions of experiences you may be currently having in your family of origin (the family in which you grew-up). Because each person's experiences are unique, there are no right or wrong answers. Just try to respond with the rating that fits best. Please respond to every statement.

1 = STRONGLY DISAGREE 2 = DISAGREE 3 = NEITHER AGREE NOR DISAGREE 4 = AGREE 5 = STRONGLY AGREE

31. At times I feel I am the only one my mother or father can turn to.
32. I rarely find it necessary to help members of my family of origin with their household chores.
33. Even though my parents mean well, I can't really depend on them to be there for me when I need them.
34. I often feel guilty when doing things that don't involve my family of origin.
35. My parents often seem so disappointed in me.
36. I often feel that my family of origin could not get along without me.
37. I sometimes give money to members of my family of origin to help them out.
38. There are certain members of my family of origin I can handle better than anyone else.
39. My parents expect me to help manage my siblings.
40. I often feel let down by members of my family of origin.
41. It is hard for me to enjoy myself knowing that members of my family of origin are unhappy.
42. I help my brothers or sisters a lot with their job responsibilities.
43. In my family of origin, I often make sacrifices that go unnoticed by other family members.
44. It is sometimes hard to keep up with my own duties at home or work because of my responsibilities to my family of origin.
45. I am very uncomfortable when things are not going well for members of my family of origin.
46. Members of my family of origin understand me pretty well.
47. It often seems that my feelings aren't taken into account in my family of origin.
48. In my mind, the welfare of my family of origin is my first priority.
49. I am very active in managing the financial affairs (e.g., making decisions about purchases, paying bills) of a member of my family of origin.
50. I often do the laundry for a member of my family of origin.
51. For some reason it is hard for me to trust my parents.
52. It seems that members of my family of origin are always bringing me their problems.
53. I do a lot of the shopping (e.g., for groceries or clothes) for one or more members of my family of origin.
54. My parents are very helpful when I have a problem.
55. I am frequently responsible for the physical care of some member of my family of origin (e.g., washing, feeding, or dressing him or her).
56. If a member of my family of origin is upset, I usually don't get involved.
57. I often feel like I am the adult, and my parents are the children.

58. Even when members of my family of origin do not need my help, I feel very responsible for them.
59. I hardly ever have to do the cooking for a member of my family of origin.
60. Sometimes it seems that I am more responsible than my parents.

Appendix B: Separation-Individuation Test of Adolescence (SITA)

Listed below are a number of statements which describe various feelings, behaviors, and attitudes people have. Read each statement and respond with the rating that fits best. Please respond to every statement. If you have difficulty answering a specific question, choose the response that is closest to your feelings on that item.

1 = ALWAYS TRUE/STRONGLY AGREE 2 = USUALLY TRUE/GENERALLY AGREE
3 = SOMETIMES TRUE/SLIGHTLY AGREE 4 = HARDLY EVER TRUE/GENERALLY DISAGREE
5 = NEVER TRUE/STRONGLY DISAGREE

1. Sometimes my parents are so overprotective I feel smothered.
2. I sometimes feel so powerful that it seems like there is no feat which is too difficult for me to conquer.
3. Being alone is a very scary idea for me.
4. Often I don't understand what people want out of a close relationship with me.
5. I enjoy being by myself and with others approximately the same.
6. I can't wait for the day that I can live on my own and am free from my parents.
7. Sometimes it seems that people really want to hurt me.
8. I worry about death a lot.
9. Most parents are overcontrolling and don't really want their children to grow up.
10. Sometimes I think how nice it was to be a young child when someone else took care of my needs.
11. I am friendly with several different types of people.
12. I don't see the point of most warm, affectionate relationships.
13. I particularly enjoy looking at my own body in the mirror.
14. One of my parents knows me so well they almost always know what I'm thinking.
15. If I told someone about the troubles I have, they would probably not understand.
16. I do my best when I'm by myself and don't have other people around to bother me.
17. Even when I'm very close to another person, I feel I can be myself.
18. Usually when I'm doing something with my friends, I act like a leader.
19. I feel lonely when I'm away from my parents for any extended period of time.
20. During the past 10 years I have not slept more than 3 hours per night at any time.
21. Most people are basically worried about their own good and don't care about helping other people.
22. I feel so comfortable with one of my friends that I can tell him/her anything I feel.
23. I frequently worry about being rejected by my friends.
24. My friends and I have some common interests and some differences.
25. I can't feel that love has much of a place in my life.
26. I frequently worry about breaking up with my boyfriend/girlfriend.
27. My parents seem much more concerned about their own plans than they do about mine.
28. Even with my good friends I couldn't count on them to be there if I really needed them.
29. I feel that other people interfere with my ability "to do my own thing."
30. Being close to someone else is uncomfortable.

31. Although my best friend does things I do not like, I still care about him/her a great deal.
32. Considering most of the people I know, I find myself comparatively better off.
33. I often feel rebellious toward things my parents tell me to do.
34. I am comfortable with some degree of conflict in my close relationships.
35. Sometimes I feel very sad about having to say goodbye to a teacher I really like.
36. Sometimes I amaze myself with my own capabilities and talents.
37. I think about some of my friends when I'm alone because I miss them.
38. My life is fulfilled without having best friends.
39. Although I'm like my close friends in some ways we're also different from each other in other ways.
40. I am quite worried that there might be a nuclear war in the next decade that would destroy much of this world.
41. My friendships tend to be of the "best friend" kind.
42. I feel dominated by my boyfriend/girlfriend.
43. I feel that other people admire and look up to me.
44. One of my friends knows me so well I feel he/she can practically read my mind.
45. Friendship isn't worth the effort it takes.
46. While I like to get along well with my friends, if I disagree with something they're doing I usually feel free to say so.
47. I have a habit of switching from one close relationship to another.
48. The teacher's opinion of me as a person is very important to me.
49. My parents seem very uninterested in what's going on with me.
50. I know some of my friends so well, it seems like I can read their minds.
51. I feel overpowered or controlled by people around me.
52. When I'm with a group of friends, I sometimes act like the leader and at other times more like a follower.
53. I think it is silly when people cry at the end of an emotional movie.
54. With my favorite teacher, I can share some of my most personal fears and concerns.
55. I believe that God looks over and protects me from danger.
56. It sometimes seems that my parents wish they hadn't ever had me.
57. I don't really need anyone.
58. It's quite a struggle for me to be a person independent from my parents.
59. I had many fears of monster and/or ghosts when I was younger.
60. I'm quite worried about the possibility of one of my parents dying.
61. When I think of the people that are most important to me I wish I could be with them more and be closer to them emotionally.
62. I feel particularly comfortable when I'm doing things with a group of friends together rather than by myself.
63. It's hard for me to really trust anyone.
64. One of my favorite teachers is amazingly similar to me in personality.
65. Even when they don't say it, I can sometimes tell that people admire me by the look in their eyes.
66. I don't really love anyone.
67. My parents keep close tabs on my whereabouts.

68. In school, I have a special relationship with one teacher that goes further than the average teacher-student bond.
69. I feel my parents' roles restrict my freedom too much.
70. I have not seen the sun shine for over a year now.
71. People sometimes seem amazed by my own abilities.
72. When I am truly friendly with someone, it's usually the case that they know both my good parts and my bad parts.
73. Eating delicious food is one of the greatest pleasures in my life.
74. I feel that the degree to which I satisfy the needs of my friends and they satisfy my needs is approximately equal.
75. There's a certain sense of oneness that I feel with other people.
76. I see dependency as a sign of weakness.
77. When I hope somebody will do something for me, I often find myself disappointed.
78. No one seems to understand me.
79. Before I go to sleep at night, I sometimes feel lonely and wish there were someone around to talk to or just to be with.
80. I let myself get close to someone else I would probably get burned.
81. There is a sense of interconnectedness that links people of all kinds together.
82. God knows my life, I will go where he leads me.
83. Other people are easily impressed by me.
84. Sometimes it seems my parents really hate me.
85. I have no living relatives on this earth at the present time.
86. As long as I don't depend on anyone, I can't get hurt.
87. Knowing that other people find my physical appearance attractive is very pleasing to me.
88. I often sense admiration from those around me.
89. At home, I seem to be "in the way" a lot.
90. The idea of going to a large party where I would not know anyone is a scary one for me.
91. I feel special compared to other people.
92. In my group of friends I am often the center of attention.
93. I preferred younger years of life when I could rely more on my parents for guidance to get along.
94. I usually get positive "vibes" from other people regarding how they feel about me.
95. I can't have much of a need for close friendships with others.
96. I worry about being disapproved of by my teachers.
97. Other people seem to be impressed by my capabilities.
98. I would like to always live in the same town as my parents and siblings so we could spend a lot of time together.
99. My teachers give me advice about my social life.
100. I like parties best when my close friends are there and there is an intimate atmosphere.
101. My personal plans are more important than my relationships.
102. I am greatly looking forward to getting out from under the rule of my parents.
103. I would get upset if I found out my teacher was mad at me or disappointed in me.

Appendix C: Recruitment Letters

Dear [Name],

My name is Danielle Benveniste, and I am a doctoral student in the Clinical Psychology program at the City University of New York. I am currently conducting a dissertation study on specific qualities of development of young adults who grew up with a chronically ill or disabled sibling (IRB # 575125-1). By surveying young adults from a variety of family backgrounds—**including students both with and without a chronically ill or disabled sibling**—I hope to better understand the mechanisms by which illness in the family contributes to aspects of ongoing development.

In relation to this research, I request your assistance in forwarding the following letter to students in your classes or sharing this email with professors in your department who might be open to aiding me in my recruitment efforts. Please feel free to contact me if you have any questions or concerns. Thank you for your time and consideration.

Best regards,
Danielle Benveniste

Dear Student,

You are invited to participate in a research study with the purpose of gaining information about the experiences of young adults who have a family member with a chronic illness and/or disability; however, **ANY individual aged 18-25 may participate in this study**. The research (IRB # 575125-1) is being conducted by Danielle Benveniste, a doctoral student in the Clinical Psychology program at the City College of The City University of New York. All research is being conducted online, and participation will take approximately 45 minutes.

If you choose to participate, you may also choose to be **entered into a drawing to win one of two \$25 Amazon gift cards**. Contact information submitted in relation to this drawing will not be associated with your responses to the following questions. No other identifiers (e.g., name, address, social security number) will be collected in this survey.

Though there are no other direct benefits from participation in this study, the information you provide may help other people by improving researchers' understanding of the experiences of individuals who have a family member with a chronic illness or disability.

The results of this study will be used to expand the limited information on the experiences of individuals with a chronically ill or disabled family member as they enter the developmental stage of early adulthood. Non-identified results may be presented at conferences or published in journals or articles and used for educational purposes.

To participate in this research, please click on the following

link: https://ccnypsych.qualtrics.com/SE/?SID=SV_245ia1v24KUGYAd

Thank you very much for your time and consideration,
Danielle Benveniste

Appendix D: Consent Form

Introduction/Purpose: You are invited to participate in a research study with the purpose of gaining information about the experiences of young adults who have a family member with a chronic illness and/or disability; however, any individual aged 18-25 may participate in this study. The research is being conducted by Danielle Benveniste, a doctoral student in the Clinical Psychology program at the City College of The City University of New York.

Procedures: Approximately 60 individuals are expected to participate in this study. Each subject will participate in an online survey. The time commitment of each participant is expected to be approximately 45-50 minutes. All research is being conducted online.

Possible Discomforts and Risks: The risks associated with participation in this study are no greater than those ordinarily encountered in daily life. No identifiers (e.g., name, address, email, date of birth, social security number) will be collected in this survey. Some of the questions are sensitive in nature. You can refuse to answer any of the questions. You may also stop taking the survey at any point. If you would like to stop taking the survey, you can choose the "end survey" option at any time. If any of the questions concern you or cause you to feel distress, you may contact Danielle Benveniste, the Principal Investigator of this study, via email at dbenveniste@gc.cuny.edu.

Benefits: If you choose to participate, you may also choose to be **entered into a drawing to win one of two \$25 Amazon gift cards**. Contact information submitted in relation to this drawing will not be associated with your responses to the following questions. No other identifiers (e.g., name, address, social security number) will be collected in this survey.

There are no other direct benefits from participation in this study. However, the information you provide may help other people by improving researchers' understanding of the experiences of individuals who have a family member with a chronic illness or disability.

Alternatives: As an alternative to participating in this study, you may choose not to participate.

Voluntary Participation: Your participation in this study is voluntary, and you may decide not to participate without prejudice, penalty, or loss of benefits to which you are otherwise entitled. If you decide to leave the study, please contact the principal investigator, Danielle Benveniste to inform them of your decision.

Financial Considerations: Participation in this study will involve no cost to the subject. For your participation in this study, you may choose to be entered into a drawing to win one of two \$25 Amazon gift cards. These prizes will be distributed four weeks after conclusion of the research.

Confidentiality: All survey responses will be confidential. No identifying information will be recorded with the data itself. Data will be saved electronically and will be encrypted and password protected. Only the Principal Investigator and research staff will have access to the data.

Contact Questions/Persons: If you have any questions about the research now or in the future, you should contact the Principal Investigator, Danielle Benveniste. If you have any questions concerning your rights as a participant in this study, you may contact Ingrid Moore at imoore@ccny.cuny.edu.

Statement of Consent:

“I have read the above description of this research and I understand it. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions that I may have will also be answered by the principal investigator of the research study. I voluntarily agree to participate in this study.”

REFERENCES

- Abrams, M. S. (2009). The well sibling: Challenges and possibilities. *American Journal of Psychotherapy, 63*(4), 305-317.
- Agger, E. M. (1988). Psychoanalytic perspectives on sibling relationships. *Psychoanalytic Inquiry, 8*, 3-30.
- Allen, S. F., & Stoltenberg, C. D. (1995). Psychological separation of older adolescents and young adults from their parents: An investigation of gender differences. *Journal of Counseling and Development, 73*, 542-546.
- Aquilino, W. S. (2006). Family relationships and support systems in emerging adulthood. In J. J. Arnett & J. L. Tanner (Eds.), *Emerging adults in America: Coming of age in the 21st century* (pp. 193-217). Washington, DC, US: American Psychological Association. doi: 10.1037/11381-000
- Aronson, S. (2009). Am I my brother's keeper? Challenges for the siblings of autistic children. *Journal of Infant, Child, and Adolescent Psychology, 8*(1), 49-56. doi: 10.1080/15289160802683450
- Arnett, J. J. (2006a). Emerging adulthood: Understanding the new way of coming of age. In J. J. Arnett & J. L. Tanner (Eds.), *Emerging adults in America: Coming of age in the 21st century* (pp. 3-19). Washington, DC, US: American Psychological Association. doi: 10.1037/11381-000
- Arnett, J. J. (2006b). The psychology of emerging adulthood: What is known, and what remains to be known? In J. J. Arnett & J. L. Tanner (Eds.), *Emerging adults in America: Coming of age in the 21st century* (pp. 303-330). Washington, DC, US: American Psychological Association. doi: 10.1037/11381-000

- Arnett, J. J., & Taber, S. (1994). Adolescence terminable and interminable: When does adolescence end?. *Journal of youth and adolescence*, 23(5), 517-537.
doi:10.1007/BF01537734
- Aslan, S. (2013). Separation-individuation and assertiveness in late adolescents. *Romanian Journal of Applied Psychology*, 15(1), 27-32.
- Berge, J. M., & Patterson, J. M. (2004). Cystic fibrosis and the family: A review and critique of the literature. *Families, Systems, & Health*, 22(1), 74-100. doi: 10.1037/1091-7527.22.1.74
- Bernstein, B. L. (1991). Central issue importance as a function of gender and ethnicity. *Current Psychology: Research and Reviews*, 10, 241-252. doi: 10.1007/BF02686896
- Blos, P. B. (1967). The second individuation process of adolescence. *Psychoanalytic Study of the Child*, 22: 162-186.
- Boszormenyi-Nagy, I., & Spark, G. M. (1973). *Invisible loyalties: Reciprocity in intergenerational family therapy*. Hagerstown, MD: Harper & Row.
- Boyle, C. A., Boulet, S., Schieve, L, Cohen, R. A., Blumberg, S. J., Yeargin-Allsopp, M., Visser, S., & Kogan, M. D. (2011). Trends in the prevalence of developmental disabilities in US children, 1997–2008. *Pediatrics*, 27, 1034-1042. doi: 10.1542/peds.2010-2989
- Brennan, C. A., Hugh-Jones, S., & Aldridge, J. (2012). Paediatric life-limiting conditions: Coping and adjustment in siblings. *Journal of Health Psychology*, 18(6), 8113-324. doi: 10.1177/1359105312456324

- Breslau, N. (1982). Siblings of disabled children: Birth order and age-spacing effects. *Journal of Abnormal Child Psychology, 10*(1), 85-95.
- Breslau, N., Weitzman, M., & Messenger, K. (1981). Psychologic functioning of siblings of disabled children. *Pediatrics, 67*(3), 344-353.
- Byng-Hall, J. (2008). The significance of children fulfilling parental roles: Implications for family therapy. *Journal of Family Therapy, 30*(2), 147-162. doi: 10.1111/j.1467-6427.2008.00423.x
- Caplan, R. (2011). Someone else can use this time more than me: Working with college students with impaired siblings. *Journal of College Student Psychotherapy, 25*, 120-131. doi: 10.1080/87568225.2011.556933
- Castro, D. M., Jones, R. A. and Mirsalimi, H. (2004). Parentification and the imposter phenomenon: An empirical investigation. *The American Journal of Family Therapy, 32*, 205-216.
- Champion, J. E., Jaser, S. S., Reeslund, K. L., Simmons, L., Potts, J. E., Shears, A. R., & Compas, B. E. (2009). Caretaking behaviors by adolescent children of mothers with and without a history of depression. *Journal of Family Psychology, 23*(2), 156-166. doi: 10.1037/a0014978
- Chase, N. D. (1999). Parentification: An overview of theory, research, and societal issues. In N. D. Chase (Ed.), *Burdened Children* (pp. 3-33). Thousand Oaks, CA: SAGE Publications.
- Chase, N. D., Deming, M. P., & Wells, M. C. (1998). Parentification, parental alcoholism, and academic status among young adults. *The American Journal of Family Therapy, 26*(2), 105-114.

- Child Study Center. (2001). Children with a chronic illness: The interface of medicine and mental health. *Child Study Center Letter*, 5(4), 1-6.
- Coté, J. E. (2006). Emerging adulthood as an institutionalized moratorium: Risks and benefits to identity formation. In J. J. Arnett & J. L. Tanner (Eds.), *Emerging adults in America: Coming of age in the 21st century* (pp. 85-116). Washington, DC, US: American Psychological Association. doi: 10.1037/11381-000
- Damiani, V. B. (1999). Responsibility and adjustment in siblings of children with disabilities: Update and Review. *Families in Society*, 80(1), 34-40.
- Delhaye, M., Kempnaers, C., Burton, J., Linowski, P., Stroobants, R., & Goossens, L. (2012). Attachment, parenting, and separation-individuation in adolescence: A comparison of hospitalized adolescents, institutionalized delinquents, and controls. *The Journal of Genetic Psychology*, 173(2), 119-141.
- Earley, L., & Cushway, D. (2002). The parentified child. *Clinical Child Psychology and Psychiatry*, 7 163-178. doi: 10.1177/1359104502007002005
- Earley, L., Cushway, D., & Cassidy, T. (2007). Children's perceptions and experiences of care giving: A focus group study. *Counseling Psychology Quarterly*, 20(1), 69-80. doi: 10.1080/09515070701217830
- Erikson, E. H. (1959). *Identity and the life cycle*. New York, NY: International Universities Press.
- Ferrari, M. (1984). Chronic illness: psychosocial effects on siblings. *Journal of Child Psychology and Psychiatry*, 25, 459-476.
- Fleary, S. A., & Heffer, R. W. (2013). Impact of growing up with a chronically ill sibling on well siblings' late adolescent functioning. *ISRN Family Medicine*, 2013, 1-8.

- Fonagy, P., Steele, H., Steele, M. (1991). Maternal representations of attachment during the pregnancy predict the organization of infant-mother attachment at one year of age. *Child Development*, 62(5), 891-905. doi: 10.1111/j.1467-8624.1991.tb01578.x
- Gallagher, P. A., & Powell, T. H. (1989). Brothers and sisters: Meeting special needs. *Topics in Early Childhood Special Education*, 8(4), 24-37.
- Gardiner, J. K. (1987). Self psychology as feminist theory. *Signs*, 12(4), 761-780.
- Gayton, W. F., Friedman, S. B., Tavormina, J. F., & Tucker, F. (1977). Children with cystic fibrosis: Psychological test findings of patients, siblings, and parents. *Pediatrics*, 59(6), 888.
- Geist, R., Grdisa, V., & Otley, A. (2003). Psychosocial issues in the child with chronic conditions. *Best Practice and Research in Clinical Gastroenterology*, 17(2), 141-152. doi: 10.1016/S1521-6918(02)00142-7
- Giallo, R., & Gavidia-Payne, S. (2006). Child, parent and family factors as predictors of adjustment for siblings of children with a disability. *Journal of Intellectual Disability Research*, 50, 937-948. doi: 10.1111/j.1365-2788.2006.00928.x
- Giallo, R., Gavidia-Payne, S., Minnett, B., & Kapoor, A. (2012). Sibling voices: The self-reported mental health of siblings of children with a disability. *Clinical Psychology*, 16, 36-43. doi: 10.1111/j.1742-9552.2011.00035.x
- Gilford, T. T., & Reynolds, A. (2011). “My mother’s keeper”: The effects of parentification on Black female college students. *Journal of Black Psychology*, 37, 55–77. doi: 10.1177/0095798410372624

- Gnaulati, E., & Heine, B. J. (2001). Separation-individuation in late adolescence: An investigation of gender and ethnic differences. *Journal of Psychology, 135*(1), 59-70. doi: 10.1080/00223980109603680
- Hanson, M. J., & Hanline, M. F. (1990). Parenting a child with a disability: A longitudinal study of parental stress and adaptation. *Journal of Early Intervention, 14*, 234-248. doi: 10.1177/105381519001400305
- Hentinen, M., Kyngäs, H. (1998). Factors associated with the adaptation of parents with a chronically ill child. *Journal of Clinical Nursing, 7*, 316-324. doi: 10.1046/j.1365-2702.1998.00154.x
- Hoffman, J. A. (1984). Psychological separation of late adolescents from their parents. *Journal of Counseling Psychology, 31*(2), 170-178. doi: 10.1037/0022-0167.31.2.170
- Holmbeck, G. N., & Leake, C. (1999). Separation-individuation and psychological adjustment in late adolescence. *Journal of Youth and Adolescence, 28*(5), 563-581.
- Hooper, L. M. (2007). The application of attachment theory and family systems theory to the phenomena of parentification. *The Family Journal, 15*(3), 217-223. doi: 10.1177/1066480707301290
- Hooper, L. M., Tomek, S., Bond, J. M., & Reif, M. S. (2015). Race/ethnicity, gender, parentification, and psychological functioning: Comparisons among a nationwide university sample. *The Family Journal, 23*, 33-48. doi: 10.1177/1066480714547187

- Hooper, L. M., & Doehler, K. (2012). Assessing family caregiving: A comparison of three retrospective parentification measures. *Journal of Marital and Family Therapy*, 38(4), 653-666. doi: 10.1111/j.1752.0606.2011.00258.x
- Hooper, L. M., DeCoster, J., White, N., & Voltz, M. L. (2011). Characterizing the magnitude of the relation between self-reported childhood parentification and adult psychopathology: A meta-analysis. *Journal of Clinical Psychology*, 67(10), 1028-1043. doi: 10.1002/jclp.20807
- Hooper, L. M., Doehler, K., Wallace, S. A., & Hannah, N. J. (2011). The Parentification Inventory: Development, validation, and cross-validation. *American Journal of Family Therapy*, 39: 226-241. doi: 10.1080/019261877.2010.531652
- 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. doi: <http://dx.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. doi: 10.1007/s10591-009-9103-9
- Hooper, L. M., Wallace, S. A., Doehler, K., & Dantzer, J. (2012). Parentification, ethnic identity, and psychological health in black and white American college students: Implications of family-of-origin and cultural factors. *Journal of Comparative Family Studies*, 43(6), 811-835.
- Howe, D. (2006). Disabled children, parent-child interaction and attachment. *Child and Family Social Work*, 11, 95-106. doi: 10.1111/j.1365-2206.2006.00397.x

- Jacobvitz, D. B., & Bush, N. F. (1996). Reconstructions of family relationships: Parent-child alliances, personal distress, and self-esteem. *Developmental Psychology, 32*, 732-743. doi: 10.1037/0012-1649.32.4.732
- Jankowski, P. J., Hooper, L. M., Sandage, S. J., & Hannah, N. J. (2011). Parentification and mental health symptoms: Mediator effects of perceived unfairness and differentiation of self. *Journal of Family Therapy, 35*(1), 43-65. doi: 10.1111/j.1467-6427.2011.00574.x
- Jones, R. A., & Wells, M. (1996). An empirical study of parentification and personality. *The American Journal of Family Therapy, 24*(2), 145-152. doi: 10.1080/01926189608251027
- Jurkovic, G. J., Jessee, E. H., & Goglia, L. R. (1991). Treatment of parental children and their families: Conceptual and technical issues. *American Journal of Family Therapy, 19*, 302-314.
- Jurkovic, G. J., and Thirkield, A. (1999). *Filial Responsibility Scale-Adult (FRS-A)*. Available from Gregory J. Jurkovic, Department of Psychology, Georgia State University, University Plaza, Atlanta, GA 30303.
- Jurkovic, G. J., Thirkield, A., & Morrell, R. (2001). Parentification of adult children of divorce: A multidimensional analysis. *Journal of Youth and Adolescence, 30*(2), 245-257. doi: 10.1023/A:1010349925974
- Jurkovic, G. J., Kuperminc, G. P., Sarac, T., & Weisshaar, D. (2005). Role of filial responsibility in the post-war adjustment of Bosnian young adolescents. *Journal of Emotional Abuse, 5*, 219-235. doi:10.1300/J135v05n04_03

- Kerig, P. K. (2005). Revisiting the concept of boundary dissolution: A multidimensional perspective. *Journal of Emotional Abuse, 5*(2/3), 5-42.
doi:10.1300/J135v05n02_02
- Kramer, R. (1984). Living with childhood cancer: Impact on the healthy siblings. *Oncology Nursing Forum, 11*, 44-51.
- Kroger, J., & Green, K. (1994). Factor analytic structure and stability of the Separation-Individuation Test of Adolescence. *Journal of Clinical Psychology, 50*(5), 772-785. doi: 0.1002/1097-4679(199409)50:5<772::AID-JCLP2270500516>3.0.CO;2-S
- Lamorey, S. (1999). Parentification of siblings of children with disability or chronic disease. In N. D. Chase (Ed.), *Burdened Children* (pp. 75-91). Thousand Oaks, CA: SAGE Publications.
- Lapsley, D. K., Aalsma, M. C., & Varshney, N. M. (2001). A factor analytic and psychometric examination of pathology of separation-individuation. *Journal of Clinical Psychology, 57*, 915-932
- Lapsley, D. K., Rice, K. G., & Shahid, G. E. (1989). Psychological separation and adjustment to college. *Journal of Counseling Psychology, 36*(3), 286-294. doi: 10.1037/0022-0167.36.3.286
- Larson, S., Lakin, C., Anderson, L., Kwak, N., Lee, J. H., & Anderson, D. (2000). Prevalence of mental retardation and/or developmental disabilities: Analysis of the 1994/1995 NHIS-D. *MR/DD Data Brief, 2*(1), 1-12.
- Lavigne, J. V., & Ryan, M. (1979). Psychological adjustment of siblings of children with chronic illness. *Pediatrics, 63*(4), 616-627.

- Levine, J. B., Green, C. J., & Millon, T. (1986). The Separation-Individuation Test of Adolescence. *Journal of Personality Assessment*, 50(1), 123-137. doi: 10.1207/s15327752jpa5001_14
- Levine, J. B., & Saintonge, S. (1993). Psychometric properties of the Separation-Individuation Test of Adolescence within a clinical population. *Journal of Clinical Psychology*, 49(4), 492-507.
- Lopez, F. G., & Gover, M. R. (1993). Self-report measures of parent-adolescent attachment and separation-individuation: A selective review. *Journal of Counseling and Development*, 71, 560-569.
- Lord, B. Ungerer, J., & Wastell, C. (2008). Implications of resolving the diagnosis of PKU for parents and children. *Journal of Pediatric Psychology*, 33, 855–866
- Lyons-Ruth, K., & Jacobvitz, D. (2008). Attachment disorganization: Genetic factors, parenting contexts, and developmental transformation from infancy to adulthood. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of Attachment* (5th ed.), (pp. 656-697). New York, NY: Guilford Press.
- Mahler, M. S. (1968). *On human symbiosis and the vicissitudes of individuation*. New York: International Universities Press.
- Mahler, M. S. (1972). On the first three subphases of the separation-individuation process. *International Journal of Psycho-Analysis*, 53, 333-338.
- Mahler, M.S. (1974). Symbiosis and individuation—The psychological birth of the human infant. *Psychoanalytic Study of the Child*, 29, 89-106.
- Mahler, M. S., Pine, F., & Bergman, A. (1975). *The psychological birth of the infant*. New York: Basic Books.

- Marcia, J. E. (1966). Development and validation of ego-identity status. *Journal of Personality and Social Psychology*, 3, 551-558. doi: 10.1037/h0023281
- Martin, C. M. (2007). Chronic disease and illness care. *Canadian Family Physician*, 53(12), 2086-2091.
- Martins, C., & Gaffan, E. A. (2000). Effects of early maternal depression on patterns of infant-mother attachment: a meta-analytic investigation. *Journal of Child Psychology & Psychiatry & Allied Disciplines*, 41(6) 737-747. doi: 10.1111/1469-7610.00661
- Mattson, A. (1972) Long-term physical illness in childhood: A challenge to psychosocial adjustment. *Pediatrics*, 50, 801-810.
- Mayseless, O., & Scharf, M. (2009). Too close for comfort: Inadequate boundaries with parents and individuation in late adolescent girls. *American Journal of Orthopsychiatry*, 79(2), 191-202.
- McClanahan, G., & Holmbeck, G. N. (1992). Separation-individuation, family functioning, and psychological adjustment in college students: A construct validity study of the Separation-Individuation Test of Adolescence. *Journal of Personality Assessment*, 59(3), 468-485.
- 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. doi: 10.1037/0002-9432.77.2.267
- Mika, P., Bergner, R. M., & Baum, M. (1987). The development of a scale for the assessment of parentification. *Family Therapy*, 14, 229-235.

- Milshtein, S., Yirmiya, N., Oppenheim, D., Koren-Karie, N., & Levi, S. (2010). Resolution of the diagnosis among parents of children with autism spectrum disorder: Associations with child and parent characteristics. *Journal of Autism and Developmental Disorders, 40*, 89 –99. doi:10.1007/s10803-009-0837-x
- Minuchin, S., Montalvo, B., Guerney, G., Rosman, B., & Schumer, F. (1967). *Families of the slums*. New York: Basic Books.
- Moon, E. M., & Choi, M. S. (2008). The mediation effect of self-individual on the relationship between parentification experience and self-identity. *Journal of Korean Psychology Research: Counseling and Psychological Treatment, 20*(4), 1063-1085.
- Murray, J. S. (2000). Attachment theory and adjustment difficulties in siblings of children with cancer. *Issues in Mental Health Nursing, 21*, 149-169.
- Newacheck, P. W., & Taylor, W. R. (1992). Childhood chronic illness: Prevalence, severity, and impact. *American Journal of Public Health, 82*, 364-371.
- Pelchat, D., Ricard, N., Bouchard, J-M., Perreault, M., Saucier, J-F., Berthiaume, M., & Bisson, J. (1999). Adaptation of parents in relation to their 6-month-old infant's type of disability. *Child: Care, Health and Development, 25*(4), 377-397. doi: 10.1046/j.1365-2214.1999.00107.x
- Perrin, E. C., Newacheck, P., Pless, B. I., Drotar, D., Gortmaker, S. L., Leventhal, J.,... Weitzman, M. Issues involved in the definition and classification of chronic health conditions. (1993). *Pediatrics, 91*(3), 786-793.
- Pianta R. C., Marvin R. S., Britner, P. A., & Borowitz, K. C. (1996). Mothers' resolution of their children's diagnosis: organized patterns of caregiving representations.

- Infant Mental Health Journal*, 17, 239-256. doi: 10.1002/(SICI)1097-0355(199623)17:3<239::AID-IMHJ4>3.0.CO;2-J
- Pine, F. (2004). Mahler's concepts of "symbiosis" and separation-individuation: Revisited, reevaluated, refined. *Journal of the American Psychoanalytic Association*, 52(2), 511-533. doi: 10.1177/00030651040520021001
- Ponappa, S., Bartle-Haring, S., & Day, R. (2014). Connection to parents and healthy separation during adolescence: A longitudinal perspective. *Journal of Adolescence*, 37(5), 555-566.
- Quintana, S. M., & Kerr, J. (1993). Relational needs in late adolescent separation-individuation. *Journal of Counseling and Development*, 71(3), 349-354.
- Rhodes, B., & Kroger, J. (1992). Parental bonding and separation-individuation difficulties among late adolescent eating disordered women. *Child Psychiatry and Human Development*, 22(4), 249-263.
- Rice, K. G. (1992). Separation-individuation and adjustment to college: A longitudinal study. *Journal of Counseling Psychology*, 39, 203-213. doi: 10.1037/0022-0167.39.2.203
- Rice, K. G., Cole, D. A., & Lapsley, D. K. (1990). Separation-individuation, family cohesion, and adjustment to college: Measurement validation and a test of a theoretical model. *Journal of Counseling Psychology*, 37(2), 195-202. doi: 10.1037/0022-0167.37.2.195
- Ritvo, S. (1971). Late adolescence—Developmental and clinical considerations. *Psychoanalytic Study of the Child*, 26, 241-263.

- Rudy, D., & Halgunseth, L. (2005). Psychological control, maternal emotion and cognition, and child outcomes in individualist and collectivist groups. *Journal of Emotional Abuse, 5*, 237 – 264.
- Schulenberg, J. E., & Zarrett, N. R. (2006). Mental health during emerging adulthood: Continuity and discontinuity in courses, causes, and functions. In J. J. Arnett & J. L. Tanner (Eds.), *Emerging adults in America: Coming of age in the 21st century* (pp. 135-172). Washington, DC, US: American Psychological Association. doi: 10.1037/11381-000
- Seligman, M. (1983). Sources of psychological disturbance among siblings of handicapped children. *The Personnel and Guidance Journal, 529-531*.
- Seltzer, M. M., Greenberg, J. S., Orsmond, G. I., & Lounds, J. (2005). Life course studies of siblings of individuals with developmental disabilities. *Mental Retardation, 43(5)*, 354-359.
- Sharpe, D., & Rossiter, L. (2002) Siblings of children with a chronic illness: A meta-analysis. *Journal of Pediatric Psychology, 27(8)*, 699-710. doi: 10.1093/jpepsy/27.8.699
- Sheeran, T., Marvin, R. S., & Pianta, R. C. (1997). Mothers' resolution of their child's diagnosis and self-reported measures of parenting stress, marital relations, and social support. *Journal of Pediatric Psychology, 22(2)*, 197-212. doi: 10.1093/jpepsy/22.2.197
- Shudy, M., Lihinie de Almeida, M., Ly, S., Landon, C., Groft, S., Jenkins, T. L., & Nicholson, C. E. (2006). Impact of pediatric critical illness and injury on families:

- A systematic literature review. *Pediatrics*, 118(S3), S203-S218. doi:
10.1542/peds.2006-0951B
- Sidhu, R., Passmore, A., & Baker, D. (2005). An investigation into parent perceptions of the needs of siblings of children with cancer. *Journal of Pediatric Oncology Nursing*, 22, 276-287. doi: 10.1177/1043454205278480
- Stern, D. (1985). *The Interpersonal World of the Infant*. New York: Basic Books.
- Syed, M., & Seiffge-Krenke, I. (2013). Personality development from adolescence to emerging adulthood: Linking trajectories of ego development to the family context and identity formation. *Journal of Personality and Social Psychology*, 104(2), 371-384. doi: 10.1037/a0030070
- Szajnberg, N. M., & Massie, H. (2003). Transition to young adulthood: A prospective study. *International Journal of Psychoanalysis*, 84, 1569-1586. doi:
10.1516/R70A-KVKF-9R16-0UA0
- Tanner, J. L. (2006). Recentering during emerging adulthood: A critical turning point in life span human development. In J. J. Arnett & J. L. Tanner (Eds.), *Emerging adults in America: Coming of age in the 21st century* (pp. 21-55). Washington, DC, US: American Psychological Association. doi: 10.1037/11381-000
- Tompkins, T. (2006). Parentification and maternal HIV infection: Beneficial role or pathological burden? *Journal of Child and Family Studies*, 16(1), 108-111. doi:
10.1007/s10826-006-9072-7
- United Nations. (2007). *Frequently asked questions (FAQs)*. Retrieved from
<http://www.un.org/esa/socdev/enable/faqs.htm>

- United States Department of Justice. (2009). *Guide to disability rights laws*. Retrieved from <http://www.ada.gov/cguide.htm#anchor62335>
- Van Petegem, S., Vansteenkiste, M., & Beyers, W. (2013). The jingle-jangle fallacy in adolescent autonomy in the family: In search of an underlying structure. *Journal of Youth and Adolescence*, *42*(7), 994-1014. doi:10.1007/s10964-012-9847-7
- Walker, J. P., & Lee, R. E. (1998). Uncovering strengths of children of alcoholic parents. *Contemporary Family Therapy*, *20*(4), 521–533. doi: 10.1023/A:1021684317493
- Wells, M., & Jones, R. (1998). Relationship among childhood parentification splitting and dissociation: Preliminary findings. *American Journal of Family Therapy*, *26*, 331–339.
- Williams, K., & Francis, S. (2010). Parentification and psychological adjustment: Locus of control as a moderating variable. *Contemporary Family Therapy*, *32*(3), 231-237. doi: 10.1007/s10591-010-9123-5
- Williams, P. D. (1997). Siblings and pediatric chronic illness: a review of the literature. *International Journal of Nursing Studies*, *34*, 312-323. doi: 10.1016/S0020-7489(97)00019-9
- Williams, P. D., Williams, A. R., Graff, J. C., Hanson, S., Stanton, A., Hafeman, C., ... Sanders, S. (2002). Interrelationships among variables affecting well siblings and mothers in families of children with a chronic illness or disability. *Journal of Behavioral Medicine*, *25*(5), 411-424. doi: 10.1023/A:1020401122858
- Winnicott, D. W. (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development*. M. M. R. Khan (Ed.). London: Hogarth Press.

World Health Organization. (2013). *Chronic diseases*. Retrieved from
http://www.who.int/topics/chronic_diseases/en/