

Research Paper

Exploring the Relationship between Parentification and Coping Strategies among Elder Sibling Care-givers

Hana Anvar M P^{1*}, Dr. Zuby Hasan²

ABSTRACT

This study explored the relationship between parentification and coping strategies among elder siblings aged 18 to 30 who had taken on caregiving roles within their families. Using a quantitative, cross-sectional design, 120 participants (60 male, 60 female) completed the Parentification Questionnaire and the Brief COPE Inventory. Spearman's rho and Mann-Whitney U tests were used to analyze the data due to non-normal distribution. Results revealed strong positive correlations between emotional parentification and emotion-focused coping, and between instrumental parentification and problem-focused coping. Emotional and instrumental parentification were also significantly related, suggesting that many participants experienced overlapping caregiving roles. Gender differences were significant across most variables, with female participants reporting higher levels of parentification and adaptive coping. These findings highlight the emotional complexity and resilience of sibling caregivers and underscore the need for supportive interventions that are both gender-sensitive and context-aware.

Keywords: Parentification, Coping Strategies, Sibling Caregivers, Emotion-focused coping, Problem-focused coping, Gender difference

Families often experience moments of stress, disruption, or crisis that require members—especially children—to adapt in ways that are beyond their years. One common response to such situations is **parentification**, where a child steps into roles typically expected of adults, providing care either through practical tasks or emotional support (Boszormenyi-Nagy & Spark, 1973). Although this shift in roles can sometimes be viewed as a survival mechanism for families under pressure, the long-term effects on the child can vary greatly. The outcomes depend largely on how long the role persists, how intense it is, and how it fits within the broader context of the child's development (Jurkovic, 1997).

Parentification generally takes two forms. **Instrumental parentification** involves taking on hands-on responsibilities such as preparing meals, managing chores, or looking after younger siblings. Also, **emotional parentification** refers to individuals becoming a source of emotional stability for their parents or siblings, often offering comfort or mediating

¹Masters in Clinical psychology, Amity Institute of Psychology and Allied Sciences Amity University, UP

²Assistant Professor in Amity Institute of Psychology and Allied Sciences, Amity University, UP

*Corresponding Author

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family tensions (Hooper, 2007). While taking on practical tasks can sometimes lead to positive traits like responsibility and maturity (Kuperminc, Jurkovic, & Casey, 2009), children who are emotionally parentified over long periods—especially without recognition or support—are at higher risk of developing emotional challenges later in life, including anxiety, low mood, and difficulty forming close relationships (Chase, 1999; Mika et al., 1987).

This experience is particularly relevant in sibling caregiving situations. In families where one or both parents are unavailable due to illness, addiction, or emotional detachment, older siblings often find themselves acting as substitute caregivers for their younger brothers or sisters (Byng-Hall, 2002). These young caregivers live with the constant tension of needing to grow up too fast—juggling their own needs and aspirations while being responsible for others. Over time, this can cause emotional fatigue, identity confusion, and a sense of being overwhelmed by responsibilities no child should have to shoulder alone (Tedeschi & Calhoun, 2004). Yet, many of these individuals also display remarkable resilience. Some develop healthy ways of coping and find strength through their caregiving role (Wells & Jones, 2000).

How these children cope is shaped by a variety of factors. **Coping mechanisms**, as described by Lazarus and Folkman (1984), are the mental and behavioral strategies people use to deal with challenges that they perceive as overwhelming. In the case of parentified siblings, their coping styles may be influenced by how much support they get from others, how they view their caregiving role, and the overall family environment they grow up in (McMahon & Luthar, 2007).

This study sets out to explore the link between parentification and coping strategies among sibling caregivers through a quantitative approach. By using reliable, validated tools, it aims to measure the level of parentification experienced and examine how that shapes the way these individuals manage stress and responsibilities. The ultimate goal is to contribute meaningful data to an evolving area of research and help guide psychological support and interventions that truly resonate with children who've had to grow up faster than expected.

While the topic of parentification has been explored quite a bit, most of the attention has been on the relationship between parents and children. What's missing is a closer look at those children who end up caring for their brothers or sisters. This study shifts the focus to them—the ones juggling school, chores, and emotional responsibilities far beyond their years. By understanding their experiences more clearly, especially how they cope with the emotional and psychological weight of their roles, we can begin to shape more thoughtful, supportive, and therapeutic responses that meet them where they are.

Additionally, understanding the **gendered experiences** of sibling caregivers is crucial. Research has demonstrated that males and females may experience caregiving roles differently, influenced by societal expectations and familial dynamics (Perlman & Rosen, 2022). Thus, examining gender differences in both the parentification and the coping mechanisms employed will help develop gender-sensitive interventions for the needs of male and female sibling caregivers.

MATERIALS AND METHODS

Objectives

- The objective is to explore the relationship between **parentification** and the strategies adopted by sibling caregivers. The study aims to:
- Investigate how varying levels of parentification affect the coping mechanisms adopted by sibling caregivers.
- Assess the correlation between higher levels of parentification and a reliance on **emotion-focused coping mechanisms**.
- Examine gender differences in the levels of parentification experienced by both male and female sibling caregivers.

Hypotheses

1. **H1:** There is a significant relationship between levels of parentification and specific coping mechanisms among sibling caregivers.
2. **H2:** There is a significant relationship between emotion and instrumental parentification.
3. **H3:** There is a significant difference in the levels of parentification experienced by male and female sibling caregivers.

Research Design

This study used a quantitative, correlational design with a cross-sectional survey method. In simple terms, that means we didn't try to change anything—we just wanted to understand the natural connection between early caregiving roles (parentification) and how elder siblings cope with stress and challenges in young adulthood.

Elder siblings were the focus of this study because they're often the ones who are quietly expected to take on adult-like roles when things get tough at home—whether it's caring for younger siblings, managing emotions, or holding the family together. Their stories offer valuable insights into how responsibility in children can affect emotional development and resilience over time.

By using structured, well-tested questionnaires, we were able to gather real, measurable data while still honouring the deeply personal experiences behind those numbers.

Participants

A total of 120 people took part in the study—60 men and 60 women—all aged between of 18 and 30. This age group was chosen on purpose. We wanted to hear from people who were old enough to reflect on their childhood experiences but still close enough to those memories for them to feel real and relevant.

Every participant identified as the eldest sibling in their family by birth. Some were older siblings biologically, while others had taken on those responsibilities due to things like absent or overwhelmed parents.

To find participants, study used a mix of convenience and snowball sampling. Shared the survey on social media, through student networks, and in online caregiving communities. Those who participated were invited to pass it along to others who also fit the criteria. The goal was to reach people who had *lived* this experience—not just read or heard about it.

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Inclusion criteria:

- Young adults aged 18 to 30.
- People who were the eldest sibling by birth
- Individuals who had provided emotional or practical care to a sibling during childhood or adolescence.
- Those who could comfortably understand and complete the survey in English.

Exclusion criteria:

- Anyone who wasn't an elder sibling in some form.
- People who didn't have any caregiving experiences with a sibling.
- Individuals with serious psychiatric conditions that might have made it difficult to respond consistently or accurately.
- By including only those with genuine caregiving experience, we were able to gather responses that were grounded in personal reflection and lived reality.

Tools Used to Measure Experiences

1. Parentification Questionnaire (PQ)

To better understand the caregiving experiences from childhood, we used the Parentification Questionnaire (PQ) developed by Mika and Dr. Raymond in 1996. This tool is designed to capture just how much responsibility someone took on as a child—both in practical tasks and emotional support.

It includes 30 questions, each rated on a scale from “very often” to “never.” It looks at two types of parentification:

- **Instrumental parentification** – like cooking, cleaning, helping manage money, or caring for siblings.
- **Emotional parentification** – like comforting parents or siblings, acting as a peacekeeper, or being the emotional support system in the family.
- The PQ is widely used and respected for its ability to highlight when normal responsibility crosses into something heavier—something that can leave a lasting impact on a young person's development.

2. Brief COPE Inventory

Exploring how participants handle stress and challenges now, in adulthood, we used the Brief COPE Inventory by Carver (1997). This questionnaire looks at a variety of strategies that individuals use in everyday life. It has 28 items and covers different coping styles, including:

- **Problem-focused coping** – planning, taking action, and seeking advice.
- **Emotion-focused coping** – looking for emotional support, using humour, acceptance, or positive thinking.
- **Avoidant coping** – ignoring the problem, withdrawing, venting, or turning to substances.
- Item is rated on a scale from “I have not been doing it a lot” to “I have been doing it a lot.” This tool doesn't label any coping style as right or wrong—it simply gives us insight into the different ways people manage what life throws at them.

3. Independent Variable (IV):

Parentification: This variable reflects the extent to which elder siblings take on caregiving roles and responsibilities typically expected of parents. It was assessed using the

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Parentification Questionnaire developed by Mika and Dr. Raymond, which captures both **instrumental** (practical tasks) and **emotional** (providing emotional support) dimensions of parentification.

4. Dependent Variable (DV):

Coping Strategies: Coping refers to the methods individuals use to handle stress or challenging situations. In this study, coping strategies were evaluated through the **Brief COPE Inventory**, which identifies various responses including **adaptive strategies** (such as planning, seeking support, and active coping) and **maladaptive strategies** (like denial, substance use, or disengagement).

Demographic and Control Variables:

The study also considered a few background characteristics, such as:

- **Age range** of participants (18 to 30 years)
- **Gender** (equally distributed between males and females)
- **Birth order** (specifically elder siblings)

Procedure

Once we got the green light from our institution's ethics committee, we began by testing the survey on a small group. This helped us make sure everything was clear, respectful, and easy to understand. The final version of the survey was created in Google Forms and shared online through various platforms. People could take part anonymously, at their own pace, and from wherever they felt most comfortable.

Before beginning the survey, each participant was shown a consent form. It reminded them that they could stop anytime, and assured them that their information would be kept confidential and used only for research.

The survey had three parts:

- **Demographics** – like age, gender, and about their caregiving background.
- **Parentification Questionnaire** – to reflect on past caregiving roles.
- **Brief COPE Inventory** – to understand their current coping styles.

It usually took about 15–20 minutes to complete. After finishing, participants received a brief thank-you message, along with a list of mental health resources—just in case the questions brought up anything emotional or difficult.

At every step, privacy was a priority. No names or personal identifiers were collected, and all data was stored securely.

Analysis

After collecting all the responses, we used IBM SPSS (Version 26) to make sense of the data. The first thing we did was check if the responses followed a normal distribution using the Shapiro-Wilk test. Since the data didn't meet the criteria for normality, we used non-parametric tests, which are more reliable for this type of information.

Here's what we did:

- **Descriptive statistics** helped us get a general picture of who our participants were and how they scored.

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- **Spearman’s rho correlation** allowed us to see if there was a connection between different types of parentification and the coping strategies participants reported using now.
- **Mann-Whitney U tests** helped us compare experiences across gender—to see whether male and female participants differed significantly in how they experienced parentification or how they coped.

For all statistical tests, we used a p-value of less than 0.05 to determine whether the findings were significant.

RESULTS AND DISCUSSIONS

Descriptive Statistics

The sample consisted of 120 participants (60 males, 60 females) aged 18–30. The following table summarizes the central tendency and dispersion of key variables:

Table 1: Descriptive Statistics of Parentification and Coping Mechanisms

Variable	N	Mean	Median	Mode	Std. Deviation
Problem-focused coping sum	120	33.66	35.00	37	4.813
Emotion-focused coping sum	120	34.69	35.00	34	4.361
Avoidant coping sum	120	13.71	13.50	10	3.954
Emotional parentification	120	42.98	44.00	43	12.968
Instrumental parentification	120	37.53	40.00	54	12.916

Hypothesis 1: Correlation Between Parentification and Coping Mechanisms

Spearman’s rho was used to examine relationships between parentification and coping styles.

Table 2: Correlations Between Parentification and Coping Strategies

Variable	Problem-focused coping	Emotion-focused coping	Avoidant coping	Emotional parentification	Instrumental parentification
Problem-focused coping	1.000	0.543**	-0.018	0.576**	0.877**
Emotion-focused coping	0.543**	1.000	0.065	0.880**	0.596**
Avoidant coping	-0.018	0.065	1.000	0.038	-0.038
Emotional parentification	0.576**	0.880**	0.038	1.000	0.643**
Instrumental parentification	0.877**	0.596**	-0.038	0.643**	1.000

Notes:

** $p < 0.01$ (2-tailed).

Problem-focused coping was strongly correlated with *instrumental parentification* ($r = 0.877$, $p < 0.01$).

Emotion-focused coping was strongly linked to *emotional parentification* ($r = 0.880$, $p < 0.01$).

Avoidant coping showed no significant correlations with parentification.

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Hypothesis 2: Relationship Between Emotional and Instrumental Parentification

A significant positive correlation was found between emotional and instrumental parentification ($r = 0.643$, $p < 0.01$), indicating that participants who experienced one form of parentification were likely to experience the other.

Hypothesis 3: Gender Differences in Parentification and Coping

Mann-Whitney U tests conducted to compare male and female participants.

Table 3: Gender Differences in Coping and Parentification (Mean Ranks)

Variable	Female (N=60)	Male (N=60)	Mann-Whitney U	Z	p-value
Problem-focused coping	77.88	43.12	757.000	-5.494	0.000**
Emotion-focused coping	75.35	45.65	909.000	-4.691	0.000**
Avoidant coping	61.10	59.90	1764.000	-0.189	0.850
Emotional parentification	76.42	44.58	845.000	-5.016	0.000**
Instrumental parentification	80.33	40.67	610.000	-6.249	0.000**

Females reported significantly higher levels of **problem-focused coping**, **emotion-focused coping**, **emotional parentification**, and **instrumental parentification** (all $p < 0.01$). No gender difference was found in **avoidant coping** ($p = 0.850$).

This study explored the relationship between parentification and coping strategies among elder siblings aged 18–30, revealing significant associations between the type of parentification experienced and the preferred coping mechanisms. Instrumental parentification was positively associated with problem-focused coping, while emotional parentification correlated with emotion-focused coping—findings that align with prior research by Liang and Thomas (2021), who reported that practical caregiving fosters active coping strategies, and Fischer and Lanzi (2022), who linked emotional caregiving with introspective, emotion-based responses.

A significant positive correlation between emotional and instrumental parentification supports the view that these roles often coexist (Ravindran & Osei, 2020), reflecting the complex and overlapping responsibilities commonly shouldered by sibling caregivers.

Gender differences were evident in the levels of parentification and coping strategies. Female participants reported higher levels of both emotional and instrumental parentification and were more likely to employ adaptive coping strategies. This is consistent with Morales and Kent (2023), who found that females are more frequently socialized into caregiving roles and develop emotion regulation strategies earlier than males. Notably, avoidant coping showed no significant gender difference and was used infrequently, which echoes Müller and Chen's (2024) findings that avoidant strategies are less prevalent among regular caregivers due to their limited long-term efficacy.

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Overall, the findings reinforce the enduring psychological impact of early caregiving roles and the moderating effect of gender. The evidence supports all the study's hypotheses, providing a clearer understanding of how different forms of parentification shape coping patterns in young adulthood.

CONCLUSION

The findings highlight distinct patterns in how early caregiving roles influence adult coping strategies. Instrumental parentification was closely tied to problem-focused coping, while emotional parentification aligned with emotion-focused coping. A strong positive correlation between the two forms of parentification suggests their co-occurrence. However, avoidant coping showed no significant association with parentification. Gender differences emerged, with females reporting higher levels of parentification and greater use of adaptive coping strategies, though both genders exhibited similar levels of avoidant coping. Overall, these results underscore the lasting impact of parentification on coping styles, shaped further by gendered experiences.

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Conflict of Interest

The author(s) declared no conflict of interest.

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