Portfolio Volume 1: Major Research Project

The Role of Parentification in the Personal and Professional Identity Development of Black Female Clinical Psychologists

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DEDICATION

Firstly, I dedicate this thesis to the Matriarch of my family Mrs Judith Hazel May Capleton. Your unwavering love, nurturance and authenticity made me who I am today. Thank you Nan.

I dedicate this thesis to all the roses that grew from concrete to those who refused to let their past define the possibilities of their future.

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To every Black woman, eldest daughter, hidden carer, quiet fighter - this work is for you. May your stories be seen, your struggles honoured, and your healing prioritised.

You are the reason.

Dr Paris x

ABSTRACT

Background: Black women often experience parentification due to intersecting cultural, racial, and socio-economic pressures, shaping how they come to understand themselves and relate to others. While early caregiving roles have been linked to careers in psychology, little research has explored how these experiences influence the professional identity of Black female clinical psychologists (BFCPs). This study aimed to examine how childhood parentification shaped participants' personal and professional identity, clinical practice, and their internalisation of the *Strong Black Woman Schema*.

Methodology: This qualitative study used Interpretative Phenomenological Analysis (IPA) to explore how eight BFCPs aged 25 to 44 storied their lived experiences of parentification. It made sense of its impact on their clinical identity and work. Interviews were analysed ideographically, and then cross-case patterns were developed.

Results: Four Group Experiential Themes (GETs) were identified: **(1) *Intergenerational Responsibility, Internalised Roles*, (2) Career as Continuation – Work That Mirrors the Wound, (3) *Truth as Practice – Advocacy and Authenticity,*** and **(4) *The Weight of Strength, the Work of Letting Go.*** The findings showed how early caregiving roles shaped identity development, career motivation, and clinical instincts. Participants described the emotional burden of being "the responsible one," the unconscious continuation of care through therapeutic practice, and the value placed on lived experience. Tensions emerged between pride in strength and the cost of silence, perfectionism, and burnout.

Discussion: Findings suggest that childhood parentification played a central role in shaping participants' professional motivations and interpersonal patterns within clinical spaces. While some traits, such as empathy, intuition, and attunement, were assets, they were also linked to over functioning, emotional exhaustion, and difficulty setting boundaries. The study highlights the need for culturally responsive training, supervision, and workplace practices that recognise the personal histories and intersectional identities of Black women in psychology.

Keywords: *Parentification, Black women, Clinical psychology, Professional identity, Interpretative Phenomenological Analysis, Strong Black Woman Schema*

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ABBREVIATIONS, ACRONYMS AND INITIALISMS

IPA – Interpretative Phenomenological Analysis

BFCP – Black Female Clinical Psychologists

SLR – Systematic Literature Review

GETs – Group Experiential Themes

SBWS – Strong Black Woman Schema

SWS – Superwoman Schema

EDS – Eldest Daughter Syndrome

ACEs – Adverse Childhood Experiences

PRISMA – Preferred Reporting Items for Systematic Reviews and Meta-Analyses

CASP – Critical Appraisal Skills Programme

PI – Professional Identity

PID – Professional Identity Development

PETs – Participant Experiential Themes

CHAPTER ONE: INTRODUCTION

Introduction Overview

This chapter starts by introducing the researcher's positionality, relationship to the subject and outlining terminology used. The chapter then explores the concept of parentification and its psychological impacts, with attention to its cultural, racial, and gendered dimensions. Identity development theories, racialised socialisation, and eldest daughterhood are examined, with Black feminist thought and intersectionality positioned as the study's overarching framework. The chapter concludes by arguing for the inclusion of Black women's lived experiences in psychological research and lays the foundation for the systematic review exploring the impact of childhood parentification on Black women.

Position of the Researcher

Reflexive awareness involves critically evaluating the researcher's positionality and its influence on the research process and outcomes (Dowling, 2006). Recognising one's experiences, values, and biases enhances credibility and highlights the co-construction of knowledge between researcher and participant (Cutcliffe, 2003; Finlay, 2002). To maintain authenticity, a first-person perspective will be adopted when I am presenting my personal reflections and thoughts (Webb, 1992).

Personal Relationship to the Research Project

As a Black, parentified, eldest daughter training to become a qualified Clinical Psychologist, my connection to this topic is deeply personal. My interest in parentification began on 24th June 2020, when I hosted an Instagram Live exploring its impact in ethnic communities and eldest daughters. At the time, I was new to the topic and remember researching heavily

beforehand. Since then, I have worked closely with individuals who experienced parentification in childhood, spoken on podcasts, delivered workshops for organisations supporting Black women, and co-authored a journal article on the subject.

This research topic is close to my heart not only because of lived experience, but because of how normalised these dynamics are in certain communities. Originally proposing a different thesis topic and changing last minute expressed my pull to centre these voices and explore the impact of early caregiving roles on Black women in the profession. Many young women pursue psychology as a way of helping others, often without realising the extent to which they are still carrying unaddressed emotional burdens themselves. The boundary between caring for others and needing care themselves can become difficult to navigate, and I have both witnessed and experienced this complexity firsthand.

The long-term consequences of parentification can include chronic burnout, self-neglect, low self-esteem, and a deep-rooted tendency to live in service of others' needs. The impact often remains hidden behind competence and care and are rarely named or addressed in professional spaces. Through this research, I hope to shed light on these patterns and contribute to a wider conversation about the psychological costs of early caregiving, particularly for Black women whose stories have long been marginalised.

Grounded in critical realism (Fletcher, 2017) and Black feminist theory (Collins, 2000; Crenshaw, 1989; hooks, 1981), this research acknowledges that Black women's identities are shaped by the intersecting influences of race, gender, and structural inequality. These frameworks guide both my epistemological stance and my commitment to centring lived experience as a valid and necessary form of knowledge.

Language and Terminology

Language is recognised as a key social practice through which both objective and subjective realities are shaped, including how power is constructed and sustained (Fairclough, 1989). The key terms used throughout this thesis are summarised below.

Table 1

Terminology

Term	**Definition**
Black	*The term 'Black'* has been used politically and culturally to refer to people of African and Caribbean descent (Agyemang et al., 2005). In this thesis, the term *Black* is used to refer to individuals who self-identify as being of African, Caribbean, or other Black- British ethnic heritage, in alignment with the categories in the England and Wales Census (Office for National Statistics, 2021). The term *Black* is both descriptive and political. Descriptively, it refers to a racialised categorisation based on visible characteristics and ancestry. Politically, the term has been used to express solidarity and collective resistance to racism (Zamalin, 2019) and its usage reflects a shift away from oppressive racial labels toward a position of shared pride, identity, and empowerment. In this study, *Black* is capitalised throughout to reflect its significance as a political and cultural identity marker, rather than solely as a descriptor of skin colour.
Race	Race is understood as a socially constructed system of classification based on perceived physical characteristics, such as skin colour. It is not treated as a biological fact, but as a sociopolitical construct that produces differential access to power, resources, and recognition (Alcoff, 1999). In this study, Race is used critically to acknowledge how racialised experiences shape identity, life opportunities, and clinical practice.
Socialisation	The lifelong process through which individuals internalise the norms, values, expectations, and behaviours of their cultural and social environments (Giddens & Sutton, 2017). For sociologists, it is through socialisation that the human infant becomes a self-aware, culturally knowledgeable individual. This process not only shapes personal identity

	but also enables social reproduction – the structural continuity of society over time.
Parentification	Refers to a relational dynamic in which a child takes on adult-like caregiving responsibilities either emotional or instrumental often to maintain family functioning or emotional stability (Boszormenyi-Nagy & Spark, 1973). While often viewed in terms of its destructive impact, particularly when roles are excessive, developmentally inappropriate, or internalised at the expense of the child's own needs, parentification can also foster resilience, emotional awareness, and a strong sense of independence. This will will be referred to as early caregiving or caregiving within this research.
Early Caregiving	also known as *caregiving* this term describes the assumption of caregiving responsibilities by a child, often due to unmet family needs, parental unavailability, or structural demands. Early caregiving captures the lived experience of children who take on adult-like roles within the family system. While it can cultivate empathy, maturity, and responsibility, it may also disrupt normative development and contribute to long-term patterns in identity formation, relational dynamics, and emotional regulation.
Superwoman Schema	Coined by Woods-Giscombé (2010), the '*Superwoman'* schema is a conceptual framework that describes the internalised pressure many Black women feel to appear strong, self-reliant, emotionally controlled, and consistently caregiving. This framework draws from historical, cultural, and social contexts that have long positioned Black women as the backbone of their families and communities. While these traits can be adaptive, the schema often results in the suppression of emotional needs, chronic stress, and a reluctance to seek help.
Strong Black Woman Schema	the '*Strong Black woman'* schema represents a culturally specific identity that casts Black women as innately strong, enduring, and self-sacrificing. It is both externally imposed and internally upheld often as a necessary survival strategy in the face of racial and gendered oppression. Though the identity can be a source of pride and resilience, it also contributes to emotional silencing, over-functioning, and burnout (Abrams et al., 2014; Woods-Giscombé, 2010).
Emotional Labour	coined by Hochschild (1983), emotional labour refers to the process of managing one's own emotions to meet the emotional needs of others, particularly within caring and service-based professions. Hochschild defines it as "the management of feeling to create a publicly observable

	facial and bodily display that is sold for a wage." (1983, p.12). It is typically required in roles that involve face-to-face or voice-to-voice contact with the public, require the worker to evoke or manage emotions in others, and where employers, through training and supervision, exert some control over how emotional expression is performed.
Self-Silencing	The tendency to suppress or withhold one's own thoughts, emotions, or needs in order to preserve relationships, maintain external harmony, or avoid conflict (Jack,1991). Self-silencing is often internalised by individuals who have learned, especially in early caregiving roles, that prioritising others is safer or more acceptable than expressing their own vulnerabilities. Over time, this pattern can become embedded in identity and relational dynamics, leading to difficulties with assertiveness, emotional expression, and self-advocacy.
Over-Functioning	A behavioural pattern where an individual takes excessive responsibility for the emotions, needs, or tasks of others, often neglecting their own wellbeing (K.Smith, 2019). In the context of this study, over-functioning is rooted in early caregiving roles and later reinforced by cultural, racialised, and professional expectations.

Empirical and Theoretical Literature

This section begins by outlining the concept of parentification and its psychological, developmental, and relational influence. It then considers the prevalence of parentification across cultural and socioeconomic contexts, with particular attention to Black families. A cross-cultural lens is used to explore how early caregiving roles are shaped by racialised gender norms, cultural values, and eldest daughter socialisation. Finally, the long-term consequences of parentification are discussed in relation to identity formation and professional development, laying the foundation for understanding its impact on Black women in psychological professions.

Parentification

Definition of Parentification

The concept of parentification, introduced by Boszormenyi-Nagy and Spark (1973), referred to a role reversal within the family system, in which a child or adolescent assumed developmentally inappropriate responsibilities typically reserved for adult caregivers. This reversal often occurred in response to unmet emotional or instrumental needs within the household (Dariotis et al., 2023; Haxhe, 2016;Jurkovic, 1998).

Parentification is commonly conceptualised in two forms: emotional parentification, where children act as confidants, mediators, or emotional regulators for their caregivers, and instrumental parentification, which involves performing practical duties such as managing the home or caring for siblings (Hooper, 2007; Jurkovic, 1998). As Jurkovic et al (2001) emphasised, these roles were typically undertaken without recognition or reciprocity, often at the expense of the child's psychological and developmental needs. Distorted family hierarchies that gave rise to parentification often emerged through intergenerational transmission, whereby parents who had themselves been parentified as children unconsciously replicated similar dynamics (Boszormenyi-Nagy & Spark, 1973).

Parentification often arises when caregivers are unable to fulfil their roles due to substance misuse, chronic illness, mental health difficulties (Hooper et al., 2012a; Tedgård et al., 2018), marital breakdown (Peris et al., 2008), migration-related stress (Titzmann, 2012), or other familial pressures (Schermerhorn & Cummings, 2003). Common triggers also include parental loss or absence via death or incarceration, disability and economic or environmental crises (Dariotis et al., 2023).

In such contexts, children are often thrust into caregiving roles and become 'pseudo-adults' before they are developmentally ready (Dariotis et al., 2023). These children are frequently

praised for being ‘mature’ or ‘helpful’, but are often rendered invisible, valued more for their function than their feelings (Karpel, 1976; Winnicott, 1965). While developmentally appropriate responsibilities may foster maturity, parentification is distinct in its chronic and burdensome nature, often occurring without adequate adult support or recognition (Dariotis et al., 2023). This led to what has been termed ‘boundary dissolution’, where the psychological and relational lines between parent and child become blurred or inverted (Nuttall & Valentino, 2019).

The impact of parentification includes psychological, cognitive, and physical ill health, as well as shaping sibling outcomes and contributing to intergenerational transmission of caregiving roles (Burton, 2007; Jurkovic, 1997).

The long-term consequences of such boundary violations are well documented, including difficulties with self-esteem (Wells & Jones, 1999), depression (Cho & Lee, 2019), emotional suppression (van Parys et al., 2015), chronic people-pleasing (Jones & Wells, 1996), and impaired relational functioning (Goldner et al., 2019; Valleau et al., 1995). Emotional parentification, in particular, has been linked to internalised shame, over-responsibility, and diminished autonomy (Hooper, 2008). Other associated outcomes include defensive splitting (Wells & Jones, 1998) and difficulties with self-regulation in adulthood.

Incidence, Prevalence and Impact

The prevalence of parentification is difficult to determine due to inconsistent definitions, cultural variation, and limited measurement tools (Dariotis et al., 2023). In the United States, early estimates suggested that 1.3–1.4 million youth aged 8–18 (2.9% of the population) acted as young carers (Siskowski, 2006), though this is considered an underestimate (Hooper et al, 2012a). More recent data indicated that 2–8% of children in high-income countries engage in developmentally inappropriate caregiving roles (King et al, 2021), with prevalence rates rising

significantly during crises such as the COVID-19 pandemic. For instance, over 30% of Polish adolescents reported parentification during the pandemic (Borchet et al., 2021), reflecting the impact of widespread disruptions to childcare, education, and healthcare.

In the U.S., caregiving youth estimated at 5.4 million, remain largely invisible within educational and healthcare systems, despite evidence of substantial physical, emotional, and household responsibilities (Armstrong-Carter et al., 2021; Lewis, 2021).

Parentification, particularly when prolonged or experienced without adequate support, has been linked to a range of adverse outcomes including academic difficulties, psychological distress, and disrupted identity development (Boumans & Dorant, 2018; Nickels et al., 2018). Notably, 25–40% of parentified women report voluntary childlessness in adulthood, possibly reflecting complex relational dynamics and caregiving fatigue (Ireland, 1993). These findings highlight the importance of recognising parentified individuals as a population in need of targeted assessment, support, and systemic advocacy.

Yet, despite growing recognition of its psychological consequences, much of the research on parentification remains culturally narrow. The literature has been largely based on Western, industrialised contexts, limiting the generalisability of findings and overlooking how cultural values, family structures, and systemic inequalities may shape both the expression and impact of early caregiving.

Parentification and Cross-Cultural Contexts

Foundational research on parentification has predominantly drawn from white, middle-class, Western samples, risking the universalisation of culturally specific ideas about childhood, family roles, and development (Dariotis et al., 2023). These dominant narratives often reflect individualistic values, emphasising autonomy, personal achievement, and strict generational boundaries (Maconochie, 2024). Within this framework, parentification is frequently

interpreted as a disruption to normative development, with early caregiving viewed as inherently maladaptive (Jurkovic, 1997). However, this lens can obscure alternative cultural paradigms.

In many collectivist and non-western contexts, including African/Black, Asian, and Latinx communities, interdependence, shared responsibility, and family contribution are normative and valued (Garcia, 2023). In such environments, caregiving may be experienced not as pathological but as culturally appropriate and identity-shaping. What might be seen as developmentally inappropriate in Western settings often reflects adaptive family dynamics rooted in cultural expectations and structural necessity (Abebe & Kjørholt, 2009).

An emerging body of cross-cultural research challenges these deficit-based understandings and advocates for culturally sensitive frameworks (Garcia, 2023; Khafi et al., 2014). In immigrant households, children may act as translators, cultural brokers, or emotional anchors during periods of instability or economic strain (Titzmann, 2012). While demanding, these roles may foster resilience, social competence, and a strong sense of identity, particularly when caregiving is culturally affirmed (Yew et al., 2017). Research links parentification with positive outcomes such as self-efficacy (Titzmann, 2012), adaptive coping (Stein et al., 2007), interpersonal competence (Champion et al., 2009; Kuperminc et al., 2009), and heightened empathy (DiCaccavo, 2006). These findings suggest that, under certain conditions, early caregiving may support psychosocial growth.

Responsibilities such as sibling care or household management may appear inappropriate through a Western lens but are often necessary, culturally sanctioned responses to systemic challenges (Titzmann, 2012).

Evidence also suggests that parentification may be more prevalent and experienced differently in Black families. Hooper et al (2015) found that Black American adolescents reported higher levels of parentification than white peers, with more pronounced psychological effects (Hooper

et al., 2011a). Earlier findings by Hooper et al (2012b) showed that outcomes varied by ethnicity, shaped by culturally specific caregiving expectations. Khafi et al (2014) similarly showed that developmental implications differed across ethnic backgrounds, influenced by the sociocultural meaning of care.

Recent studies build on this work. Preciado (2020) found that the link between parentification and loneliness was moderated by ethnicity, with stronger associations among ethnic minority groups. This suggests that the emotional impact of parentification may be intensified where early caregiving is less socially recognised or validated. Similarly, Garcia (2023) explored how ethnic identity shaped the internalisation of caregiving and its links to psychological wellbeing. These studies reveal that cultural values and family-of-origin dynamics strongly influence whether early caregiving is experienced as a burden or a meaningful contribution.

Together, this literature calls for a more contextually grounded understanding of parentification. It highlights the importance of resisting universal definitions and avoiding the pathologisation of early caregiving in minoritised communities. A culturally attuned and intersectional lens is crucial for understanding how early caregiving is experienced, embodied, and narrated across diverse populations.

Parentification in Black Families

Expanding on this culturally grounded understanding of parentification, research on African American families (which will be referred to as Black) must account for the specific historical, racial, and social economic realities that shape caregiving within these contexts.

In many Black households, parentification has often reflected an adaptive response to economic hardship, structural racism, poverty and ongoing effects of marginalisation (Anderson, 1999; Boyd-Franklin, 1989; Marger, 2015). Cultural values have supported

flexibility in family roles, where children, particularly eldest daughters or older siblings assumed emotional and instrumental responsibilities as a means of sustaining the family unit.

Caregiving behaviour among Black adolescents has been frequently viewed as normative and even commendable, rather than a disruption to childhood development (Cross et al., 2018). These roles reflect a blend of collectivistic values, such as mutual support and interdependence, alongside individualistic ideals of autonomy and resilience (Smith et al., 2019). However, when children are expected to prioritise their family's needs over their own, the line between healthy responsibility and maladaptive parentification can become blurred. This makes it harder to recognise when support is needed and increases the risk of long-term psychological strain (Khafi et al., 2014).

Jurkovic's (1997) model added nuance to the concept of parentification by including the child's perception of their caregiving role particularly whether it felt fair or burdensome. He found that when children perceived their caregiving role as fair, appreciated, or voluntary, the psychological effects were generally less harmful, and in some cases, even associated with positive outcomes like competence or resilience. This was especially relevant when examining Black families, where caregiving was often framed as a sign of strength and responsibility. In these contexts, how the child made sense of their role offered important insight into the psychological impact of caregiving. However, the original Parentification Questionnaire (Session & Jurkovic, 1986) conceptualised the construct as unidimensional, raising concerns about its cultural applicability. Without sufficient cultural sensitivity, there was a risk that normative caregiving practices within Black families could be misinterpreted or pathologised.

More recently, Banks and Shigemoto (2025) tested the Parentification Questionnaire with a predominantly Black student sample, finding that internalised caregiving identities significantly influenced participants' life choices and relational patterns. These identities often manifested as over-functioning or alignment with the "*Strong Black Woman*" schema. Emotional distress

and depressive symptoms were linked to the weight of caregiving expectations and unresolved guilt, which appeared to reinforce these behaviours into adulthood. These findings echo those of Leath et al (2023), who noted that African American women frequently identified with the “Superwoman Schema” (SWS) or “Strong Black Woman Schema” (SBWS), constructs which may be deeply rooted in parentification.

The Role of Schema’s in Parentification Experiences

The Superwoman ideal has been applied across cultural groups to describe women who feel compelled to manage multiple roles without displaying vulnerability (Herrera & DelCampo, 1995). However, within the context of Black womanhood, this ideal takes on a uniquely racialised and historically situated form, carrying specific sociocultural burdens. According to Woods-Giscombé (2010), the SWS involves an internalised pressure to appear strong, suppress emotions, avoid dependence, prioritise caregiving, and maintain high achievement - often in the absence of adequate support.

Building on this, the SBWS has been described as a culturally rooted adaptation that functions as both a shield and survival strategy, portraying Black women as resilient, self-sacrificing, emotionally contained, and masterful caretakers (Abrams et al., 2014; Anyiwo et al., 2022; Castelin & White, 2022; Thomas et al., 2022; Watson-Singleton, 2017). Emerging from the conceptual foundation of SWS, the SBWS reflects more than gendered expectations, it encapsulates the sociopolitical realities of Black women navigating systemic racism, sexism, and economic marginalisation (Parks & Hayman, 2024).

In their systematic review, Parks and Hayman (2024) found that while many Black women identified strength as a source of cultural pride and resilience, it also contributed to emotional suppression, self-neglect, and chronic psychological strain. Black women in the U.S. experience disproportionately high rates of cardiovascular disease, cancer, diabetes, obesity,

and stress-related illnesses (CDC, 2022; Chinn et al., 2021). They are also overburdened by economic inequalities, including wage gaps, higher rates of caregiving, and the frequent expectation to lead households' realities which deepen the psychological toll of the SBWS (Chinn et al., 2021). Mental health outcomes such as anxiety, depression, and chronic stress are further exacerbated by cultural pressures to remain emotionally strong, revealing the costs of the SBWS (Perez et al., 2023; Watson & Hunter, 2015).

These internalised expectations of strength do not emerge in isolation but are shaped by cultural norms and early socialisation processes, particularly within the family.

Cultural and Racialised Socialisation

Much of the parentification literature has treated early caregiving through a race and gender-neutral lens. However, intersectionality theory (Crenshaw, 1989) allows for the exploration of how race, gender, class, and cultural scripts co-construct caregiving roles and their psychological impact. The mother–daughter relationship holds weight in the transmission of gendered norms. Choi and Nam (2024) emphasise that daughters often identify with their mothers, internalising care as central to womanhood. This foundational dynamic is especially salient for Black girls, whose identity development is shaped by early messages about race, gender, and social expectations. In line with Crenshaw's (1989) framework, these experiences cannot be understood through race or gender alone, but through their combined influence on lived realities.

Williams and Lewis (2021) and Thomas, Hacker, and Hoxha (2011) found that gendered racial identity for Black girls is formed through early awareness of discrimination and social role expectations. This leads to the internalisation of strength, emotional restraint, and independence. These traits, while protective, often come at the cost of suppressed

vulnerability and a reluctance to seek support. Affirming messages such as those centring pride and empowerment (Thomas & King, 2007; Winchester et al., 2021) can buffer against the harms of internalised oppression. Yet, exposure to Eurocentric and deficit-based narratives, especially in schools or media, may increase anxiety and self-doubt (Lesane-Brown, 2006; Mims & Williams, 2020).

Across these studies, family plays a critical role in both challenging and reinforcing these messages. Notably, this socialisation is gendered: girls are more frequently expected to perform emotional labour and caregiving, echoing broader assumptions about their future roles (Duryea, 2007; Jacobvitz et al., 2004). This dynamic sets the stage for role reversal and parentification, particularly among eldest daughters who are socialised not only to be strong but to assume adult responsibilities prematurely (Chatterjee, 2024). These expectations often become embedded in identity and continue across the lifespan.

Eldest Daughter Socialisation

Adler (1922) suggested that first-born children are typically positioned as overachievers, often assuming roles of responsibility and leadership. For first-born girls, these expectations are intensified by gendered socialisation. Gonzales (2024) observes that eldest daughters are more likely to internalise traditional values, often modelled on their mothers' caregiving roles. This convergence of birth order and gendered expectation is especially pronounced within Black and immigrant families, where cultural narratives of strength, duty, and sacrifice are commonly transmitted across generations.

Chatterjee (2024) articulates this dynamic through the concept of Elder Daughter Syndrome (EDS), where first-born daughters are tasked with incommensurate caregiving responsibilities frequently stepping into 'third parent' roles. This mirrors the SBWS as while these roles can

foster pride and resilience, they often lead to chronic emotional labour, suppressed needs, and unrecognised psychological strain.

Studies by Abdel-Gwad (2023), Bah (2022), and Chatterjee (2024) collectively illustrate how eldest daughters manage siblings, sustain family order, and act as emotional anchors often without adequate acknowledgement or support. These roles become central to their identity, contributing to internalised pressure, identity confusion, and difficulty expressing vulnerability. In Bah's study of sub-Saharan African families, caregiving was frequently framed as cultural virtue, which masked the emotional toll and made these responsibilities difficult to challenge.

Gender remains a key factor in this phenomenon. As Brody et al (1989) and Foner & Dreby (2011) argue, girls are more likely to be parentified due to deeply ingrained cultural beliefs about their future roles as mothers and caregivers. This often accelerates their development and binds their sense of worth to service and sacrifice. At the intersection of race, gender, and birth order, eldest daughters are socialised to care for others long before they have space to care for themselves (Chatterjee, 2024).

Parentified daughters may therefore struggle to form a stable sense of self, as their identities become rooted in meeting the needs of others (Chase, 1999; Minuchin, 1974). This can lead to significant identity conflicts in adulthood, particularly when internalised caregiving roles clash with broader cultural expectations (Hooper, 2007). For example, an eldest daughter who took on caregiving may feel lost when she is no longer needed by her family and may unconsciously seek out dependent partners in adulthood to maintain a familiar sense of purpose (Jurkovic, 1997).

While these patterns are often examined through the lens of girls' and women's experiences, research indicates that boys and men also engage in parentified roles, albeit in ways that may differ in form and perceived impact. Exploring these gendered differences provides a fuller

understanding of how parentification manifests across the lifespan and within varying cultural and familial contexts.

Parentification in Males

Although much of the literature has centred on female experiences, emerging research highlights important gendered differences in how parentification manifests for men. Early findings by Hooper et al (2011a) indicated that men reported slightly lower overall levels of parentification than women, with their involvement more often taking instrumental forms rather than emotional, in line with traditional masculine role expectations. In some cultural contexts, these instrumental responsibilities were even perceived positively, particularly when framed as fostering independence and responsibility. Psychological distress and poorer mental health were observed in both genders, though the effects appeared weaker for men (Hooper et al 2011a), possibly due to the reduced emotional burden associated with instrumental rather than emotional caregiving.

Thomas (2017) expanded on this, noting that men often reported fewer adverse effects when their roles aligned with conventional masculine norms (e.g., practical or protective duties). However, when expected to take on emotionally nurturing roles for their mothers - sometimes termed spousification - the experience was often more psychologically taxing. These “gender subversive” scenarios, in which emotional caregiving conflicted with cultural norms of masculinity, frequently discouraged help-seeking despite the presence of distress (Thomas 2017). It was also observed that mothers, particularly in single-parent households, were more likely to parentify sons in emotional support roles, reflecting complex gendered family dynamics.

Building on these earlier findings, Hooper et al (2015) presented a more complex picture. In a nationwide university sample, they found that men reported significantly higher levels of

parentification than women. This contrast with Hooper et al (2011a) may reflect differences in sampling and measurement, as earlier studies often captured male roles that were predominantly instrumental and therefore less visible in certain parentification measures. In the later study, men may have been more likely to report both instrumental and emotional caregiving roles, leading to higher overall scores. These findings challenge the assumption that parentification is primarily a female experience and suggest that men may, in certain contexts, be equally or even more likely to assume caregiving responsibilities.

Other studies have examined personality-level outcomes. Láng (2016) found that higher levels of childhood emotional parentification in men - especially when perceived as unfair - were associated with elevated Machiavellianism in adulthood. This suggests that in unpredictable or neglectful family environments, early emotional over-responsibility may foster manipulative or controlling interpersonal styles as defensive coping mechanisms.

Within Black families, Jefferson et al (2016) described how boys were often “coddled” - shielded from household responsibilities - while girls carried disproportionate caregiving burdens. While the protective approach toward boys reflected concerns about racism and safety, it could contribute to lower independence, reduced problem-solving skills, and limited emotional responsibility, contrasting sharply with the early adultification experienced by girls.

Developmentally, male parentification has also been linked to behavioural regulation difficulties. Jacobvitz, Riggs, and Johnson (1999) found that boys as young as 42 months who met their mothers’ needs for intimacy and emotional closeness, rather than receiving appropriate parental guidance, were more likely to be impulsive, inattentive, and overly active throughout early schooling. These findings suggest that early cross-sex emotional role reversal can disrupt the development of self-regulation and impair relational boundaries later in life.

Taken together, these studies demonstrate that male parentification is both more common and more complex than previously assumed. While instrumental caregiving may be socially validated and less detrimental for some men, emotional or spousified roles, particularly those that contradict cultural norms carry significant developmental and psychological costs. Acknowledging these gendered and cultural nuances expands the understanding of parentification, though a detailed examination of male experiences lies beyond the scope of this thesis.

Identity Development

Personal Identity Development

The development of personal identity is a core psychological task of adolescence and early adulthood. According to Erikson's (1968) psychosocial theory, this period is marked by the challenge of resolving identity versus role confusion, a process through which individuals form a coherent sense of self by exploring values, beliefs, goals, and roles. Successful resolution fosters the development of fidelity, the ability to commit to an identity while maintaining psychological flexibility. However, for many Black women, particularly those who assumed early caregiving responsibilities, this developmental journey is shaped by cultural scripts and external constraints that complicate self-exploration (Thomas & King, 2007; Hammonds et al., 2023).

Emerging adulthood, as Harter (2012) notes, is often a time for "trying on" identities through temporary commitments to relationships, work, and worldviews. Yet this exploratory freedom is not equally accessible to all. For those who were parentified, often eldest daughters in Black families, their developmental trajectory is frequently redirected toward responsibility and service before autonomy can be meaningfully explored (Oladele, 2021).

Erikson (1968) warned that identity foreclosure may occur when individuals commit prematurely to roles under external pressure rather than through self-directed exploration. Marcia's (1993) identity status model expanded on this, identifying foreclosure as a state in which roles and beliefs are adopted without sufficient exploration, often in response to familial or cultural expectations. Although foreclosure can provide temporary stability, it may inhibit the development of a flexible and authentic identity.

Narrative identity theory offers further insight. It refers to the internalised and evolving story individuals construct about who they are, where they come from, and where they are going (McAdams, 1995). Typically developed in adolescence and early adulthood, narrative identity is shaped by culture, relationships, and significant life events. It plays a central role in psychological functioning by providing self-continuity, guiding decision-making, and supporting resilience. Family stories and cultural narratives passed down through generations further reinforce this identity, highlighting the role of collective memory and intergenerational expectation (Ergün, 2020).

When narrative identity is shaped in response to trauma or fixed familial roles, it can limit the capacity to imagine alternative futures and compromise mental wellbeing (McAdams & McLean, 2013). The individual may come to define themselves primarily through care and service, leaving little room for self-expression (Jurkovic, 1997).

Family systems also play a significant role. Eccles et al (1993) highlighted that parents and caregivers shape children's identities by transmitting values, emotional cues, and social expectations. In families facing economic or psychosocial stress, children may assume adult responsibilities prematurely. These early experiences often instil the belief that care must be earned through service, and that personal worth is defined by utility and self-sacrifice.

Kroger (2006) emphasised that identity is not static but evolves across the lifespan. It could be argued that for many Black women, particularly those who experienced parentification in childhood, identity may be continuously reauthored through therapy, education, and

community. These early caregiving roles often become integrated into one's sense of self, shaping how individuals approach their professional roles, interact with others, and function within workplace systems (Jurkovic, 1997).

Understanding this progression is essential to contextualising how parentification shapes professional identity.

Professional Identity Development

Fitzgerald (2020) defines professional identity (PI) as an evolving and dynamic sense of self that incorporates the values, beliefs, knowledge, and skills shared within a professional group, as well as the individual's own professional identity development (PID) and experiences within specific practice contexts. This definition reflects the growing understanding that identity is not solely shaped by formal training, but emerges through the integration of personal meaning, professional affiliation, and contextual influence (Figure 1).

Figure 1

The Foundations of Professional Identity (Holden et al, 2012)[1]

PID does not occur in isolation; it is shaped by the personal experiences, social roles, and cultural expectations that individuals bring with them into training (Adams et al, 2006). This process unfolds across several stages, beginning with anticipatory socialisation, where early life experiences and idealised images of the profession influence initial interest and motivation (McElhinney, 2008). During formal training, identity is further shaped through engagement with professional knowledge, ethical frameworks, and role expectations facilitated by supervision, reflective practice, and peer interactions (Gibson et al., 2010). Over time, and through continued practice and self-reflection, individuals internalise these values, developing greater confidence and a more integrated, authentic PI (Trede et al., 2012). However, this

[1] *Adapted from Holden et al. (2012), this Venn diagram illustrates the foundations of professional identity. It highlights the intersection of three key domains: personal values, attitudes, morals, and beliefs; professional ethics and codes of practice; and the legal rules and principles governing practice. Professional identity is positioned at the centre, reflecting how it is shaped by the integration of internal values, professional standards, and legal responsibilities.*

development is rarely linear and is significantly influenced by social, cultural, and institutional contexts, which may produce tensions for those from marginalised or underrepresented groups (Adams et al, 2006; Beauchamp & Thomas, 2009).

Researching PID in clinical psychologists is essential, as it underpins ethical, competent, and reflective practice in a profession that requires deep relational engagement and emotional resilience. A well-formed PI enables psychologists to uphold the standards outlined in the British Psychological Society (BPS) Code of Ethics and Conduct (2021) and meet the HCPC Standards of Proficiency (2023), which emphasise accountability, reflective practice, and cultural sensitivity.

Professional Identity Development in Clinical Psychology

In clinical psychology, PID is a continuous and relational process, shaped by socialisation, supervision, lived experience, and institutional interaction (Schubert et al., 2023). As Schubert and colleagues highlight, personal and PIs are deeply intertwined, particularly for those whose lived realities may be marginalised or overlooked within dominant institutional norms.

PI is also shaped by emotional and motivational factors. Noble et al (2014) noted that self-reflection and relational experiences are crucial to development, while Lozhkin & Shevchenko (2018) found that those with internally motivated, value-aligned identities tended to demonstrate greater confidence and professional integration. In contrast, individuals entering psychology via early caregiving roles such as parentification may adopt professional roles without conscious exploration, potentially mistaking survival mechanisms for informed choice (Healey, 2009).

Gendered expectations further complicate identity construction. Healey (2009), Lev-El (1983), and McGowen and Hart (1990) all document the tensions faced by women balancing professional ambitions with caregiving responsibilities and traditional femininity in psychology.

For many, values like empathy and collaboration were at odds with institutional norms of assertiveness and individualism, creating identity strain and internalised self-neglect.

Clinical psychologists reported that their personal and professional identities became increasingly interconnected over time (Schubert et al, 2023). They evolved beyond structured, competency-based training models to develop more congruent, authentic, and reflective clinical practices (Salter & Rhodes, 2018). This process of identity formation, however, does not unfold uniformly across all practitioners.

Professional Identity in Black Clinical Psychologists

Watts (1987) introduced the concept of Sociopolitical Professional Identity (SPI) to describe how Black clinical psychology students orient themselves toward cultural, community, and justice-based values alongside traditional academic and theoretical goals. Similarly, Hammonds et al. (2023) demonstrated that Black women's PI in White institutional spaces was shaped by their lived experiences, cultural negotiations, and a commitment to resisting inequality.

McNeil (2010) echoed this finding, noting that many Black psychologists viewed their racial identity as central to their practice, anchoring their clinical work in cultural insight, historical awareness, and personal values. This aligns with Sedikides et al (2013), who identified three interrelated domains of identity formation: the individual (personal traits and beliefs), the relational (influences from significant others), and the collective (group memberships and cultural affiliations). These dimensions interact fluidly and are especially relevant when exploring how racial and cultural identity becomes embedded in professional practice.

Slay and Smith (2011) suggested that for Black professionals, identity is not formed by assimilating into dominant models, but by redefining them, centering cultural pride, family values, and advocacy. Paulraj (2016) found that Black Clinical Psychology trainees often felt

hyper-visible and simultaneously unheard in training settings, echoing the paradox faced by parentified children seen for their function, but not their needs. PI for these individuals was thus shaped in spaces not designed for them.

Ragavan (2018) further demonstrated that negotiating multiple identities, cultural, academic, and professional, was not a liability but a strength for minority psychologists. Participants drew resilience from community, representation, and identity integration, deepening their clinical presence and cultural attunement.

Taken together, these findings reinforce that PID in clinical psychology is not universal and for Black psychologists, intersectional realities shape it, an ongoing act of meaning-making, resistance, and cultural grounding. These PIs are built upon deeply personal experiences of early socialisation, cultural expectations and psychological schemas, making it essential to explore how early identity formation unfolds in parallel.

Rationale for Systematic Literature Review

As experiences of parentification differ across racial and cultural contexts, the literature has demonstrated a higher prevalence of the phenomenon among Black women (Hooper et al., 2015). As Thomas (2004, as cited in Spates, 2012) argued, the absence of Black women in psychological research results in “missing bricks of foundational knowledge” and a psychological knowledge base that is “faulty, inadequate, and incomplete” (p. 287).

This omission echoes critiques from Black feminist theorists (Collins, 2000; Crenshaw, 1989; hooks, 1981), who argue that Black women’s intersecting identities are often excluded from mainstream research, leading to partial and distorted understandings of their experiences.

Consequently, practitioners often struggle to interpret culturally specific behaviours such as a heightened sense of responsibility, difficulties in help-seeking, and emotional suppression among Black women within conventional psychological frameworks (Hammonds et al, 2023).

Despite evidence that Black women report higher levels of parentification and more pronounced psychological impacts than their white counterparts, their experiences remain marginalised in the literature.

The current thesis seeks not only to document these underexplored narratives but also to address the structural silences that have historically rendered them peripheral. By examining how childhood caregiving shapes the identity, well-being, personal and PID of Black women across the lifespan, this research contributes to a more inclusive and critically grounded psychological understanding.

To gain a richer understanding of these dynamics, the following chapter presents a systematic literature review (SLR) titled ***"Exploring the Impacts of Childhood Parentification on Black Women."***

This review synthesises existing research to explore how internalised caregiving expectations intersect with racialised gender norms and shape Black women's early caregiving experiences.

CHAPTER TWO: SYSTEMATIC LITERATURE REVIEW

Overview

This SLR reviewed the research on Black women who experience childhood parentification. Previous systematic literature reviews, such as Dariotis et al (2023) and Masiran et al (2023), have explored the varied impacts of parentification. Dariotis et al (2023) examined a wide range of parentification studies through thematic analysis but primarily focused on children and adolescents, with only 45 of the 95 studies involving adults. Their review acknowledged cultural contexts but lacked cross-cultural comparisons and did not centre the experiences of Black women.

Masiran et al (2023) explored positive and negative aspects of parentification but limited their focus to childhood experiences. Notable gaps remain in the literature that this review aims to address. This review focuses specifically on the long-term psychological and relational effects of parentification in adulthood, with a particular emphasis on Black women. The review will bring an intersectional lens to an area that is often explored through universal or culturally neutral frameworks, offering a culturally situated and gender-aware understanding that has been largely absent from existing reviews.

This review will highlight how parentification interacts with racialised gender norms, strength socialisation, and systemic pressures.

The literature review aims to ascertain, for the first time, what is known about the long-term impacts of parentification on Black women. The review will address the following question:

What does the existing literature tell us about the impact of parentification on Black women?

Method

An initial scoping review on the impact of childhood parentification on Black women was conducted. The review revealed significant gaps in the literature, particularly in understanding how early caregiving structures such as parentification affected Black women. Much of the research (n = 47) was conducted with children and adolescents under the age of 18, and many studies focused on White participants, often in majority or mixed-ethnicity samples, with very few directly examining the unique experiences of Black women.

The limited literature on Black experiences primarily appeared in grey literature sources. The absence of peer-reviewed articles on this topic highlights the need for the current systematic review. Grey literature was excluded to maintain the methodological rigour and credibility of the review, ensuring that all included studies met peer-reviewed standards and were subject to established quality appraisal processes. While this exclusion inevitably limited the pool of studies available, it ensured consistency in quality assessment and strengthened the comparability of findings across the included research.

Given the limited research specifically focused on Black women, the review included studies employing qualitative, quantitative, and mixed methods approaches. This inclusive approach enabled a more comprehensive and nuanced synthesis of the available evidence.

Studies from 2000 onwards were included, as there was limited research on parentification among Black women. Older and recent studies offered valuable insights aligning with reviews that support broad temporal scopes for under-researched topics (Dariotis et al., 2023).

A systematic review of the literature was conducted following PRISMA guidelines for systematic reviews and meta- analysis (PRISMA; Liberati et al., 2009; Moher et al., 2009). The review was registered with PROSPERO on 30th October 2024. The inclusion criteria are outlined in Table 2.

Table 2

SLR Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
• Studies including Black women who were parentified as children (i.e., took on caregiving, emotional support, or household management roles typically performed by an adult). • Childhood parentification, defined as taking on adult-like caregiving, emotional, or household responsibilities. • Any context where Black women experienced parentification in childhood, including family dynamics, cultural expectations, and socioeconomic factors. • Studies examining psychological, emotional, and social outcomes of parentification in Black women. • Studies discussing burnout, self-care, mental health, identity development, resilience, or distress. • Qualitative, quantitative, and mixed-methods studies.	• Studies that do not include Black participants or only include non-Black participants. • Studies that do not focus on women (e.g., studies on men or mixed-gender groups without separate data for women). • Studies that focus on clinical populations only (e.g., those diagnosed with mental health disorders). • Studies that only address short-term outcomes rather than long-term psychological and social impacts. • Studies that do not focus on long-term effects of parentification. • Studies on pre-emerging adults, adolescents, or teenagers (i.e., focus should be on adults reflecting on past childhood parentification). • Grey literature, dissertations, non-peer-reviewed articles, or opinion pieces.

- Studies published in peer-reviewed journals.

Search Strategy

An electronic database search was conducted on January 17, 2025, using PubMed, Scopus, PsycArticles, Medline, and CINAHL PLUS.
Alerts were created to ensure any relevant, newer studies were included up to the point of analysis.

Search terms associated with Black women, parentification and impact were used (see Table 3). Further search terms considered synonyms, keywords from other papers and consultation with the supervisory team. To ensure the most suitable papers were found, search terms were truncated where appropriate to yield all relevant results *(e.g., Parentif* = Parentification, Parentified).* Boolean operators 'AND'/ 'OR' were combined within the search terms.

A PEO (Population, Exposure, Outcome) framework was used to guide the search strategy. This approach was selected as it is well suited to exploring complex, experience-based research questions and allows for the inclusion of both qualitative and quantitative evidence. For this review, the Population was defined as two intersecting groups: (1) Black or ethnic minority individuals and (2) women or females. The Exposure was childhood parentification, and the Outcome was the psychological, relational, and professional impacts of this experience. The PEO framework supported the systematic identification of studies across different methodologies, ensuring search terms captured both the cultural specificity and experiential dimensions central to the review.

Table 3

SLR Search terms

Search Terms (PEO)			
Population (Gender)	*"Adult women"*	OR	*Female* OR Woman* OR Women**
AND			
Population (Race/Ethnicity)	*Race**	OR	*Black* OR "African American" OR Ethnic* OR Minority**
AND			
Exposure	Parentif*	OR	Spousif* OR Adultif* OR Spousif* OR Parentification OR "Role reversal" OR "Emotional parentification" OR "Instrumental parentification" OR "Early caregiving" OR "Child responsibility"
AND			
Outcome	Impact	OR	"Quality of life" OR Effects OR Consequences OR Outcome OR "Identity formation" OR "Long term effects"

The search strategy initially identified 121 papers. After removing 58 duplicates, 63 papers remained and were screened using predefined inclusion and exclusion criteria to assess their relevance to the research question. Four papers were then identified as suitable based on a review of their titles and abstracts.

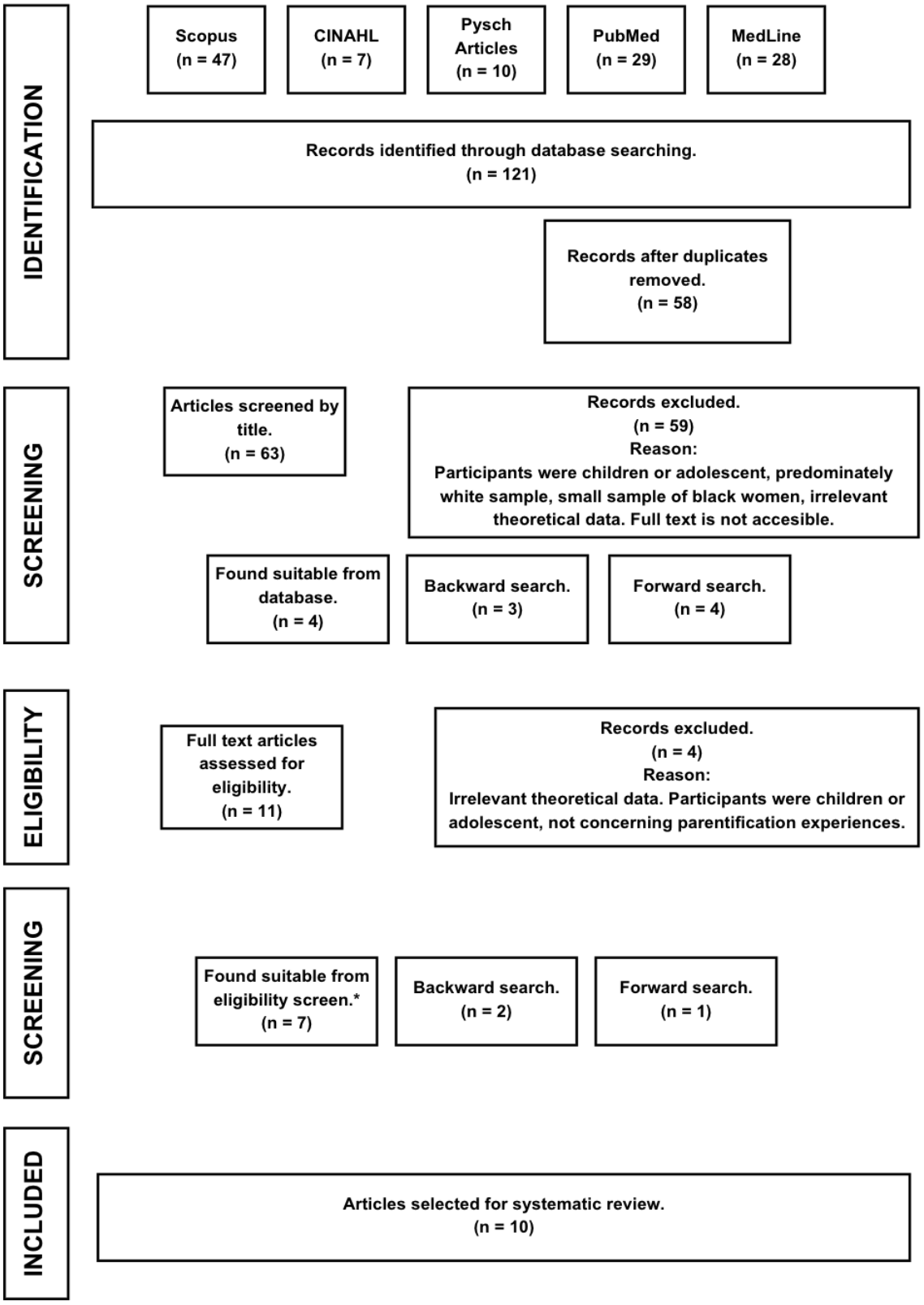
To enhance the comprehensiveness of the review, a backwards citation search of these four studies was conducted, which uncovered three additional relevant papers, bringing the total to seven. A forward citation search of these seven studies was then conducted, identifying four additional relevant papers and increasing the total to 11.

All 11 studies underwent full-text screening, including close examination of their aims and discussion sections. During this stage, four studies were excluded because they did not meet the inclusion criteria, leaving seven studies. To ensure recency and thoroughness, a backwards search of the three most recent studies identified during the initial backwards citation stage uncovered two additional suitable papers. A final forward citation search of the five most recent studies revealed one further paper. This resulted in a final total of 10 studies included in the review.

This process is outlined in the Prisma below in Figure 2.

Figure 2

Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)



*In this second screening phase, only the newer papers identified from the initial forward and backward searches were used to conduct an additional round of citation tracking.

Results

This review identified ten studies examining parentification, racial and gendered socialisation, and their long-term impacts on Black women. Four studies focused specifically on parentification, while six examined how cultural norms and gendered expectations shape early caregiving roles. Although not all studies used the term 'parentification', they were included because they aligned with established definitions that describe it as the assumption of developmentally inappropriate caregiving in response to family or structural needs (e.g., Hooper et al., 2011a; Jurkovic, 1997). For this review, such roles met the criteria for parentification, particularly where emotional or instrumental caregiving occurred without adequate adult support. All studies were conducted in the United States, with predominantly or exclusively Black female samples.

Design

Six studies employed qualitative methods, providing in-depth accounts of parentification through identity development, emotional suppression, and gender socialisation. Four studies used quantitative methods, highlighting statistical links between parentification and mental health, ethnic identity, and self-perception.

Characteristics

Participants were Black females (age range 17-66). Many came from single-parent households or faced economic hardship, family illness, or cultural caregiving norms, all factors linked to increased risk of parentification.

Impact of Parentification

Five studies (Castro et al., 2004; Everet alt et al., 2016; Gilford & Reynolds, 2011; Hooper et al., 2012b, 2015) directly examined psychological effects of parentification, including anxiety, depression, self-worth, and cultural identity. Johnson (2016) explored academic resilience in Black women from single-parent homes, noting parallels with parentification via early responsibility.

Four studies (Leath et al., 2022, 2023; Lee & Haskins, 2025 & Lucas & Wade, 2023) explored how racial and gender socialisation intensified the impact of parentification by reinforcing expectations of strength, emotional control, and self-sacrifice. These norms shaped participants' identities and sustained internalised caregiving roles into adulthood, often at the expense of their own emotional needs.

Collectively, these studies show that parentification in Black families is shaped by cultural scripts of strength and sacrifice, which are often internalised, influencing resilience, emotional suppression, PI, and mental health.

A summary of the key findings, along with the strengths and limitations of these studies, is presented in Table 4.

Table 4

Summary of Studies Included in the Review

Author (s) Year & Title	**Country & Population**	**Sample Size & Demographics**	**Sample Context**	**Sampling method & Data Collection**	**Data Analysis**	**Key Findings**	**Strengths & Limitations**
Castro et al (2004) *Parentification and the Impostor Phenomenon*	USA, Clinical and Counselling Post Graduate Students	*N* = 213 (85% Female, 34% Black) Age range: 24–32	Psychology & Social Science Grad Students	Convenience Sampling Self-report Survey Questionnaire (Session & Jurkovic, 1986) Demographic questionnaire	Pearson's product-moment correlation coefficient ANOVA and post hoc tests	High parentification is linked to impostor syndrome in adulthood but less in Black students than white. Parentification fosters external validation dependence, contributing to self-esteem and professional confidence issues later in life.	✓ First study linking parentification with imposter syndrome. ✓ Used validated measures (Parentification Questionnaire and Clance's Impostor Scale), enhancing reliability. ✓ Linked findings to therapeutic contexts, suggesting how understanding these dynamics could inform interventions for individuals struggling with impostor feelings.

							X No racial subgroup analysis, self-report bias X One of the measures used in this study (PQ) relies on a retrospective self-report. X All participants were graduate psychology students; future research should include a more diverse sample.
Gilford & Reynolds (2011) *My Mother's Keeper: The Effects of Parentification on Black Female College Students*	USA, Black Female College Students	*N* = 8 Black Female College Students Age range: 21–45	Predominantly Black Clark Atlanta University Georgia State University	Purposive sampling Two 90-minute focus groups.	Grounded theory (Glaser & Strauss, 1998)	Highlights the emotional and financial burdens Black female college students face due to parentification, impacting their mental health, identity, and academic journey. Participants struggled to balance family duties and college.	✓Rich personal narratives of Black women's experiences ✓The use of focus groups facilitated detailed discussions, providing nuanced insights into the participants' experiences. ✓Grounded theory enabled the development of themes grounded in the

							participants' own words and experiences. X Small sample, limited transferability X Participants volunteered for the study, which may have attracted individuals more willing to discuss their experiences, potentially skewing the data. X Relies on participants' self-identification as parentified, without standardized measures to assess the extent or type of parentification experienced.
Hooper et al (2012b)	USA, Black & White College Students	*N* = 314 (50% Black, 50% White,	Large state university in the southeaster	Convenience sampling	Descriptive statistics Independent samples *t*-test	Black students experienced more emotional parentification, whereas	✓Racial comparisons, large sample ✓Use of validated instruments enhanced the

Parentification, Ethnic Identity, and Psychological Health in Black and White American College Students		57.32% Black Female) Mean age: 20.37 (SD=1.91)	n region of the United States	Self-report survey Parentification Inventory (Hooper et al, 2011b) Demographic questions	*Item response theory (IRT – GRM)* Pearson Correlation analysis Hierarchical multiple regression analysis	White students experienced more instrumental parentification. Higher levels of parent-focused parentification and ethnic belonging were associated with increased depressive symptoms.	reliability and credibility of findings. ✓Focus on both cultural and family dynamics provided a nuanced approach to understanding psychological health. X Lacks qualitative depth, limited to college students X Self-report measures may be subject to social desirability or bias. X No qualitative data to capture depth or context of participants' experiences.
Hooper et al (2015)	USA, College Students	*N* = 977 (81% Female, 10% Black)	Nationwide University Sample	Nonprobability purposive sampling	Descriptive statistics to characterise the sample	Black & Latino students had higher parentification than White students; linked	✓ Large, diverse sample, racial comparisons ✓ Control for socioeconomic status

Race/Ethnicity, Gender, Parentification, and Psychological Functioning		Mean age: 21.4 (SD = 5.8)		Self-report Survey Parentification Inventory (Hooper, 2009) Demographic information	Multivariate Analysis of Covariance (MANCOVA) Post-hoc tests for between-group comparisons	to depression but also posttraumatic growth.	(SES) reduced confounding influences. ✓ Inclusion of race/ethnicity and gender allows for intersectional analysis X Does not show how parentification affects psychological functioning over time X Cross-sectional design prevents conclusions about causality. X Uneven group sizes for racial/ethnic subgroups may limit statistical power for some comparisons.
Johnson (2016)	USA, Black Women	*N* = 4 Black College women	Low-Income Households, College	Convenience sampling	Thematic analysis (Braun & Clarke, 2006)	Mothers instilled perseverance, but daughters faced pressure to succeed	✓ Rich qualitative data, intergenerational narratives

All I Do is Win... No Matter What: Low-Income, African American Single Mothers and their Collegiate Daughters' Unrelenting Academic Achievement		Age range: 20-35	bound Daughters	In-depth semi-structured interviews 45-90 mins		and experienced emotional suppression.	✓ Thematic analysis allowed for emergent insights while staying close to participants' words and experiences. ✓ Culturally grounded lens (Black feminist thought) provided depth and relevance to interpretations. X Limited detail on methodological procedures and transparency. X Small, homogenous sample limits generalisability beyond low-income African American women.

							X Cross-sectional design captures a snapshot in time, not long-term impacts.
Lucas and Wade (2023) *Adaptive Parental messaging Racialised Gender Socialization and Preparation for Black Womanhood*	USA, Black Millennial Women	*N* = 9 Black Millennial Women Age range: 22–42	Various Educational & Career Background	Purposive sampling In depth Semi-structured interviews	Thematic analysis Collaborative coding	Daughters implicitly and explicitly socialised to be independent, strong and self-reliant but also warned against intimacy and encouraged to suppress emotion.	✓ Highlights cultural impact of parentification ✓Rich qualitative interviews captured complexity and depth of participants lived experiences. ✓Focus on within-group variability allowed for nuanced understanding of the diverse ways Black women interpret parental messaging.

							X Small sample, limited career contexts X Self-selection bias, participants comfortable with the topic may have been more likely to volunteer. X Retrospective recall may affect accuracy of remembered parental messages
Leath et al (2023) *Raising Resilient Black Women: A Study of Superwoman Mothering and Strength as a Form of*	USA, Black Women	*N* = 36 Black College Women Age range: 17–24	Predominantly Black University's in the Midwest and Southwest of the US	Purposive sampling Semi-structured dyadic interviews	Thematic analysis informed by Black feminist thought (Collins, 2000)	Daughters socialised to embody strength, resilience, and self-sacrifice as survival strategies. High academic and career expectations were framed as essential for success, but this often	✓Rich qualitative data, Black Feminist lens ✓Inclusion of mother–daughter dyads provided intergenerational insight and allowed for cross-verification of meaning. X Primarily reflects mother–daughter dynamics, which may not capture broader familial,

Gendered Racial Socialization in Black Mother-Daughter Relationships						led to perfectionism and burnout.	community, or clinical influences. X Small, non-random sample limits generalisability beyond the participating dyads. X Potential bias from researcher positionality and interpretation, though partially mitigated by reflexivity. X Single time point prevents analysis of how these dynamics evolve over time.
Everet alt et al (2016) *A qualitative study of the Black mother-*	USA, Black Women	*N = 17 Black Women* *Age range:* 25-64	Various Educational & Career Backgrounds	Snowball sampling In-depth, semi-structured interviews	Thematic analysis	Mother-daughter relationships ranged from supportive to strained. Self-worth messages affirmed Black identity.	✓ Black Feminist lens Rich qualitative data with strong thematic analysis ✓Focus on culturally specific emotional development filled a gap in

daughter relationships: Lessons learned about self-esteem, coping, and resilience.						Coping and resilience were shaped through modelling, storytelling, other mothers, and cultural pride, often amid emotional neglect or adversity.	the literature on Black family structures. ✓Detailed, rich narratives provided nuanced insights into coping and resilience. X Mothers' perspectives not included only daughters' views were analysed X Self-report only, no direct observation of mother-daughter dynamics X Lack of a comparison group means findings are context-specific and not easily generalisable across racial/ethnic groups.
Leath et al (2022)	USA, Black/ African	N = 447 Black Women	Participants drawn from	Convenience sampling	Pearson's correlation	Black women who reported higher levels	✓Large, geographically diverse sample

An examination of ACEs, the internalization of the Superwoman Schema, and mental health outcomes among Black adult women	American Women	*Age range:* 20-35 (M = 28.6)	across four U.S. regions Northeast, Midwest, South, and West.	Self-report measures Adverse Childhood Experiences Questionnaire (ACE-Q) (Felitti et al, 1998) Demographic survey	Hierarchical multiple regression	of Adverse Childhood Experiences (ACEs) and stronger endorsement of Superwoman Schema characteristics experienced elevated levels of stress, anxiety, and depression. The pressure to suppress emotions and consistently prioritise others' needs was found to amplify the psychological impact of early adversity.	✓Robust validated measures Clear intersectional framing ✓Use of validated, culturally relevant measures such as the SWS scale ✓multi-variable regression allowed examination of both direct and interaction effects on mental health X Cross-sectional design limits causality X Self-report measures may introduce bias due to social desirability or recall errors, as well as not directly measuring parentification

							X Online sampling may exclude women without internet access, affecting representativeness X No longitudinal data to observe changes in mental health over time
Lee & Haskins, (2025) *Examining the Intergenerational Transmission of the Strong Black Woman Narrative*	*USA; Black/ African American women (mothers and daughters)*	N = 10 participants (5 mother–daughter dyads) *Age range:* 25-66	Various Educational & Career Background including Banker, School counsellor & associate director	Purposive sampling Qualitative Case study Individual and dyadic semi-structured interviews	Interpretative Phenomenological Analysis (IPA) (Smith, Flowers, & Larkin, 2009) McLeod's (2001) Data analysis Cross-case synthesis	Black mothers transmitted the Strong Black Woman narrative to daughters, emphasising resilience and caretaking. While empowering, it led to emotional suppression, stress, and self-neglect. Some participants are intentionally rewriting these narratives.	✓Rich, multi-perspective qualitative data ✓Culturally grounded in Black feminist and trauma-informed theory ✓Intergenerational design revealed how the SBW schema is transmitted and transformed across generations ✓IPA approach enabled deep engagement with participants lived experiences

							X Small sample with limited geographic diversity X Variation in interview sequence may have influenced responses X Participants recruited from similar social circles may reduce diversity of perspectives

Quality Assessment

In this review, the Critical Appraisal Skills Programme (CASP) was used to assess the qualitative and quantitative studies. For qualitative studies, the CASP qualitative checklist was applied, which consists of ten items assessing rigour, credibility, and relevance, fundamental aspects of trustworthy qualitative research (CASP, 2018). For quantitative studies, the CASP Cross-Sectional tool was used, enabling systematic evaluation of cross-sectional study designs (CASP, 2018).

The CASP tools[2] were chosen for their detailed guidance in evaluating both qualitative and quantitative methodologies (Kuper et al., 2008) and their endorsement by Cochrane and the World Health Organisation for evidence synthesis (Noyes et al., 2018). They are user-friendly for novice researchers while maintaining rigorous critique standards (Long et al., 2020) and are specifically designed for health-related research with strong empirical support (Carroll et al., 2012). Their comprehensive approach and widespread acceptance in health research make them ideal for rigorous and credible appraisal in this review.

[2] *"Yes," "No," and "Cannot tell" indicate whether each study met the corresponding quality criterion. "Yes" denotes that the criterion was clearly satisfied based on the information provided; "No" indicates that the criterion was not met; and "Cannot tell" is used when there was insufficient detail to determine whether the criterion had been adequately addressed.*

Table 5

Critical Appraisal of Included Research

CASP – Cross Sectional Study											
Criteria Yes= Criteria met No=Criteria not met Cannot tell	1.Did the study address a clearly focused issue?	2.Did the authors use an appropriate method to answer their question?	3.Were the subjects recruited in an acceptable way?	4.Were the measures accurately measured to reduce bias?	5.Were the data collected in a way that addressed the research issue?	6.Did the study have enough participants to minimise the play of chance?	7.How are the results presented and what is the main result?	8.Was the data analysis sufficiently rigorous?	9.Is there a clear statement of findings?	10. Can the results be applied to the local population?	How valuable is the research?
Castro et al (2004)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	*Shows the links between Imposter syndrome and parentification in childhood across a diverse sample.*
Hooper et al (2012b)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	*Highlights how Black students experience more emotionally focused*

											parentification, depressive symptoms and alcohol use as coping mechanisms.
Hooper et al (2015)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	*Highlights cultural factors in parentification, showing that Black individuals experience it at higher rates due to family structure, cultural values, and socioeconomic factors. It also reveals that while parentification is linked to depressive symptoms and lower well-being, Black Americans may experience greater resilience and posttraumatic*

											growth compared to White Americans.
Leath et al (2022)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	*Addresses a critical gap in intersectional trauma research by centring the experiences of Black women, a group often overlooked in mental health literature. By linking adverse childhood experiences with the internalisation of the Superwoman Schema, it highlights how culturally specific expectations of strength, self-sacrifice, and emotional suppression contribute to poor*

											mental health outcomes.
CASP – Qualitative Studies Checklist											
Criteria Yes= Criteria met No=Criteria not met Cannot tell	1.Was there a clear statement of the aims of the research?	2.Is a qualitative methodology appropriate?	3.Was the recruitment design appropriate to address the aims of the research?	4.Was the recruitment strategy appropriate to address the aims of the research?	5.Was the data collected in a way that addressed the research issues?	6.Did the study have enough participants to minimise the play of chance?	7.Has ethical issues been taken into consideration?	8.Was the data analysis sufficiently rigorous?	9.Is there a clear statement of findings?	10. How valuable is the research?	How valuable is the research?
Gilford & Reynolds (2011)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	*Exposes the emotional and financial burdens of parentification that force Black female college students to juggle family duties with academic responsibilities, ultimately affecting their mental health, identity, and educational journey.*

Johnson **(2016)**	Yes	Yes	Yes	Yes	Yes	No	No	Cannot tell	Yes	Yes	*Reveals that single mother parenting fosters resilience and academic drive in Black daughters, who, by internalising high expectations and overcome racial, gender, and economic challenges.*
Lucas & Wade (2023)	Yes	Yes	No	Yes	Cannot tell	No	Cannot tell	Cannot tell	Yes	Yes	*Black women are socialised to be strong and independent while being discouraged from intimacy highlighting complex dynamics that can impact their emotional well-being and relationships.*
Leath et al (2023)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	*Socialisation of daughters to be strong, resilient, and*

											self-sacrificing with high academic and career expectations can drive success while also contributing to perfectionism and burnout.
Everet alt et al (2016)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	*Provides important insight into culturally specific parenting dynamics, intergenerational identity, and the development of resilience in Black women.*
Lee & Haskins (2025)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	*Offers a rare intergenerational perspective on how cultural narratives like the Strong Black Woman schema are transmitted within Black families. By*

											centring Black mothers and daughters, it provides rich, culturally grounded insights into how strength, sacrifice, and emotional suppression are both inherited and challenged.

Quality Evaluation of the Literature

The CASP tool does not include a formal scoring system; however, it recommends that if the first three questions cannot be answered with ‘yes’, the study is likely to be of low quality.

All included studies clearly stated their research aims, ensuring relevance to the broader themes of parentification, racialised gender socialisation, and psychological impact. The qualitative studies effectively justified their use of in-depth interviews and qualitative analysis to explore identity, emotional burden, and resilience (Everet alt et al., 2016; Johnson, 2016; Leath et al., 2023; Lee & Haskins, 2025 & Lucas & Wade, 2023). For instance, Everet alt et al (2016) and Lee and Haskins (2025) provided culturally grounded accounts that explored intergenerational dynamics, and the emotional labour expected of Black women and girls. However, concerns about the rigour of data collection and recruitment remain. In Johnson (2016), the use of a convenience sample complicates transferability, potentially limiting broader applicability. Although Lucas and Wade (2023) included participants beyond psychology, their small sample size still restricts representational diversity. These limitations underscore the need for future studies to employ more robust sampling strategies and establish clearer data collection protocols to enhance credibility and applicability.

Recruitment strategies were generally appropriate. Leath et al (2023), Everet alt et al (2016), and Hooper et al (2015) ensured meaningful representation of Black women’s experiences. Lee and Haskins (2025) used purposive sampling to recruit mother–daughter dyads, enhancing cultural and intergenerational insight. However, Johnson (2016) and Lucas and Wade (2023) provided limited details about recruitment, making it difficult to assess the sample's representativeness. Similarly, although Hooper et al (2012b, 2015) followed structured recruitment processes, their

use of university samples limits transferability of their findings across diverse socioeconomic groups. Carnevale, Rose, and Cheah (2013) support this critique, noting that U.S. university students disproportionately come from higher-income backgrounds.

Most studies collected data that directly addressed their research questions. Gilford and Reynolds (2011), Leath et al (2023), Everet alt et al (2016), and Lee and Haskins (2025) used semi-structured interviews to explore identity, coping, and resilience, producing rich data. Castro et al (2004), Hooper et al (2012b), and Hooper et al (2015) employed standardised parentification surveys. In contrast, Lucas and Wade (2023) demonstrated limitations in transparency regarding their analytical process, which may impact the depth and validity of their interpretations.

Sample sizes varied. The quantitative studies (Castro et al., 2004; Hooper et al., 2012b, 2015; Leath et al., 2022) had adequate samples, strengthening statistical validity. While qualitative studies typically use smaller samples (Boddy, 2016), those in Gilford and Reynolds (2011), Johnson (2016), and Lucas and Wade (2023) were notably limited, raising concerns about broader applicability.

Ethical considerations were well-addressed in studies such as Gilford and Reynolds (2011), Leath et al (2023), Everet alt et al (2016), Lee and Haskins (2025), and Hooper et al. (2015), all of which discussed informed consent, ethical approval, and confidentiality. Johnson (2016) and Lucas and Wade (2023) did not clearly outline ethical protocols, leaving uncertainty regarding participant protection.

In terms of data analysis rigour, most studies (e.g. Castro et al.,2004; Everet alt et al., 2016; Hooper et al., 2012b, 2015; Leath et al., 2022, 2023; Lee & Haskins, 2025) employed structured methodologies with clear coding strategies, thematic analyses, and in some cases, multiple

coders. Johnson (2016) and Lucas and Wade (2023) provided limited insight into their analytic processes, making it more challenging to evaluate validity.

Several qualitative studies addressed positionality and reflexivity, recognising the researcher as an active instrument in the process (Dodgson, 2019). Reflexivity was especially strong in Leath et al (2023), Gilford and Reynolds (2011), Everet alt et al (2016), and Lee and Haskins (2025), who considered the sociocultural dynamics between researchers and participants. While Lucas and Wade (2023) used reflexive thematic analysis, they did not explicitly state their stance. Johnson (2016) offered little discussion of reflexivity, limiting the ability to bracket potential bias.

All studies presented clear findings aligned with their data, though practical value varied. Hooper et al (2015), Leath et al (2023), Everet alt et al (2016), and Lee and Haskins (2025) offered strong insights into cultural expectations, resilience, and the interplay between parentification, gendered racial socialisation, and identity. By contrast, Lucas and Wade (2023), despite highlighting important themes, were weakened by methodological limitations that reduced their overall impact.

Conclusion

While all studies contributed valuable insights into Black women's experiences, their methodological rigour varied. Hooper et al (2015), Leath et al (2023), Everet alt et al (2016), and Lee and Haskins (2025) emerged as the strongest quality studies due to their robust methodology, clear findings, and significant contributions to understanding parentification. In contrast, Johnson (2016) and Lucas and Wade (2023) had methodological limitations that may impact the strength of their conclusions, particularly regarding recruitment, data collection, and ethical considerations.

Nonetheless, all studies provided critical perspectives on the psychosocial impacts of parentification, the burden of strength, and the cultural expectations placed on Black women.

Synthesis of Main Findings from Literature Review

Parentification remains a significant experience in Black families, not only due to economic need but also as a culturally influenced practice shaped by race, gender, and intergenerational expectations (Alexander, 2023).

This SLR utilised Popay et al's (2006) narrative synthesis approach (see Appendix A) to integrate findings from diverse study designs and methodologies. This approach is particularly well-suited for systematic reviews where quantitative meta-analyses are not feasible, as it allows for a coherent and comprehensive understanding of complex and nuanced phenomena.

Popay et al (2006) outlined four key steps for narrative synthesis: developing a theoretical model to explain how, why, and for whom the phenomenon occurred; organising findings to identify initial themes; exploring patterns and variations across studies; and evaluating the quality and strength of the evidence. These steps, which ensured a structured, reliable, and contextually grounded interpretation of the data, were applied.

This systematic and transparent approach enabled a nuanced exploration of how childhood experiences of parentification intersect with race and gender. This allowed for the inclusion of culturally specific narratives, offering deeper insight into the emotional and relational impacts on Black women.

Direct participant quotations were not included in the narrative synthesis. While such excerpts can add richness and bring qualitative findings to life, their inclusion risked overemphasising the qualitative studies and diminishing the relative weight of the quantitative evidence. Given that this review integrated studies of differing methodologies, the decision was made to present the findings in a balanced, synthesised form that wove together evidence from both approaches into a coherent story. This ensured that the synthesis remained focused on drawing connections across the literature, rather than privileging individual participant voices, and allowed the quantitative data to hold equal prominence within the overall analysis.

Six key themes were explored:

Table 6

Summary of narrative synthesis themes

Themes	Summary
1. Emotional Consequences of Parentification	Parentification contributed to long-term emotional distress in Black women, including suppressed vulnerability, low self-worth, and difficulty forming secure relationships.
2. Strength Socialisation and the SBWS	Early caregiving fostered resilience and competence, yet the internalised expectation to be strong often masked emotional need, contributing to psychological strain.
3. Parental Expectations and the Success-Driven Mindset	High parental expectations and early responsibility created a strong focus on achievement, driving success while reinforcing pressure, guilt, and self-sacrifice.
4. Negative Mental Health Consequences of Parentification	The labour of caregiving without support was linked to anxiety, depression, hypervigilance, and long-term psychological burden in adulthood.

5. Influence of the Family Dynamic on Early Caregiving Roles	Parentification often emerged from unstable or emotionally unavailable family systems, reinforced by intergenerational norms and cultural expectations.
6. Stereotypes for Black Women, Education, and Economic Mobility	Education is pursued as a route to survival and success, yet the internalised pressure to disprove stereotypes often resulted in burnout and emotional suppression.

Narrative Synthesis

Theme 1: Emotional Consequences of Parentification

A consistent finding across the literature was the emotional toll of parentification on Black women. Castro et al (2004) highlighted that parentification fosters a reliance on external validation, significantly hindering self-esteem and professional confidence. This emotional burden was linked to difficulties in setting boundaries, as Gilford and Reynolds (2011), found Black women were more likely to experience feelings of guilt, stress, and pressure to please family members. Leath et al (2023) corroborate these findings, linking parentification to emotional suppression, inhibiting the outward expression of inner feelings and may complicate interpersonal relationships, contributing to emotional isolation. Similarly, Hooper et al (2015) found parentification negatively impacted Black students' overall well-being, emphasising the long-term consequences on emotional health. Hooper et al (2012b) supported this, finding Black students were more likely to experience emotionally focused parentification roles and responsibilities, including comforting others, keeping family secrets, and solving family disagreements, over their white counterparts.

Everet alt et al (2016) found self-esteem was not only shaped by the mother-daughter relationship but transmitted intergenerationally, sometimes through grandmothers. One participant described being treated differently from her younger sister, with the mother emotionally withdrawn towards her, but present for the sibling. In contrast, some black women received affirming messages, highlighting the complexity of emotional transmission within families. These findings echo Leath et al (2022), who linked difficulty accepting support and emotional restraint in black women to increased stress, anxiety, and depressive symptoms. Lee & Haskins (2025) identified how hyper-independence, shame around emotional expression, and the internalisation of the message to *"hold it in"* further contribute to emotional burden. Participants frequently described feeling embarrassed or uncomfortable when showing vulnerability, reinforcing the notion that emotional suppression is both a learned and expected behaviour.

Despite agreement on the detrimental emotional effects of parentification, there are variations in focus across studies. Castro et al (2004) explored long-term career implications, while Gilford & Reynolds (2011), Hooper et al (2012b), and Hooper et al (2015) concentrated on immediate emotional consequences, such as psychological functioning, self-esteem, and guilt. These differences may be attributed to the differing life stages examined, with Castro et al (2004) focusing on professional development, while the other studies address undergraduate students, where emotional suppression and coping mechanisms alike were more pronounced.

Similarly, Everet alt et al (2016) foreground the impact of early maternal dynamics and intergenerational self-esteem transmission, capturing a developmental lens that spans childhood through early adulthood. In contrast, Leath et al (2022) focused on the psychological costs of internalising strength-based identities in response to racial and gendered adversity. They framed emotional suppression and the 'Superwoman Schema' as key sources of anxiety and distress. Lee and Haskins (2025) build on this by offering narrative evidence from adult Black women and

their mothers, showing how early conditioning around emotional invulnerability continued to influence adult relationships and relational functioning.

Taken together, these studies add to the current hypothesis that while parentification has enduring emotional consequences, the form and visibility of these effects vary by age, context, and the nature of the caregiving role. This theme also emphasised the need for intersectional analysis, as Black women continue to navigate racialised gender roles that shape not just what they do for others, but what they are allowed to feel for themselves.

Theme 2: Strength Socialisation and the SBWS

Intersectionality (Crenshaw,1989) highlighted how overlapping social identities such as race, gender, and socio-economic status shape the experiences of inequality faced by Black women. Across the literature, researchers have observed that Black women are socialised to be resilient, independent, and success-oriented, a process that serves as a protective mechanism against systemic racial and gender inequities (Castro et al., 2004; Gilford & Reynolds, 2011; Johnson, 2016; Leath et al., 2023).

Studies on parentification revealed that early caregiving experiences fostered a strong work ethic and high personal standards, which may mitigate some of the negative consequences of these challenging roles (Johnson, 2016; Leath et al., 2023). Gilford & Reynolds (2011) found that Black women who experienced parentification reported increased confidence and transferable skills that aided them in managing college stress. Hooper et al (2015) also observed that parentification was associated with post-traumatic growth among Black participants and that its adverse effects were less severe for Black students than their white counterparts. This suggests that resilience within

Black communities may serve as a protective factor, as strong cultural values of kinship and communal support often support it.

Building on these insights, Lucas and Wade (2023) demonstrated that resilience and independence nurtured through early caregiving were pivotal for Black women's social mobility and future leadership roles. Yet, this strength socialisation was a double-edged sword: while it provided crucial protective traits, it also led to emotional suppression and unintentionally reinforced the SBWS. Leath et al (2022) supported this duality, suggesting that while the internalised image of strength may offer a buffer against external harm, it simultaneously increases psychological distress. Lee & Haskins (2025) showed how strength, perseverance, and invulnerability were actively modelled by mothers and internalised by daughters, often at the expense of emotional authenticity.

Everet alt et al (2016) also contributed to this understanding, illustrating how relationships with mothers were often described as having "no filter" and blunt, creating blurred boundaries between adult and child roles. This dynamic, while fostering closeness, risked emotional enmeshment and confusion. Across these studies, the consistent sociocultural expectation to embody strength, particularly when combined with adverse childhood experiences, was linked to higher stress levels and poorer mental health outcomes. Yet, strength was still cited by participants as a source of pride and purpose, highlighting the tension between its protective and burdensome dimensions.

The studies illustrate the complex dynamic of strength socialisation and how it functioned both as a source of empowerment and as a contributor to emotional strain for these participants. This reflects the multifaceted influence of parentification.

Theme 3: Parental Expectations and the Success-Driven Mindset

Parentification is a heavily intergenerational phenomenon, often perpetuating role reversal from one generation to the next (Jurkovic, 1997). As a result, parental expectations usually lead to the early imposition of adult responsibilities. This drove a success-driven mindset where children internalised high standards of achievement and self-reliance (Johnson, 2016). While these qualities were empowering, they also contributed to long-term strain, as seen in the chapter above. These expectations significantly shaped the mindset of Black women experiencing parentification (Johnson, 2016; Leath et al., 2023; Lucas & Wade, 2023). Black parents, particularly mothers, emphasised educational and vocational achievement as a means of counteracting racist stereotypes and securing their children's success (Johnson, 2016). Gilford and Reynolds (2011) found parentified Black women were often positioned as role models within their families, burdened by expectations to excel academically and professionally.

Everet alt et al (2016) added depth to this theme by showing how strength and coping were modelled, where *"the mothers used themselves to model what and how to do things" (p. 344)* – conveyed implicitly through observation. Mothers demonstrated strength by enduring hardship and rarely relying on external support. While some black women internalised these messages as inspiration, believing they could be anything they wanted to be, others experienced it as pressure to perform without emotional guidance. Lee & Haskins (2025) echo this, finding that drive to prioritise others and suppress one's needs began in childhood. This early conditioning contributed to a strong work ethic, but also a loss of self-focus and a chronic sense of responsibility.

Lucas and Wade (2023) further highlighted high parental expectations compelled Black women to assume additional responsibilities such as maintaining steady employment and providing emotional caregiving from a young age, a pressure exacerbated by the scarcity of resources available to Black families. Hooper et al (2012b) observed parentified Black students were more

likely to take on parental responsibilities compared to their siblings. This pattern contrasts with the experiences of their white counterparts.

Hooper et al (2012b) found Black female students, were more likely to assume emotional caregiving roles, including supporting siblings and managing family stress, than their White peers. This highlighted the pervasive nature of these expectations, and the pressure placed on Black women to assume an “authoritative” role within the family.

Overall, this theme illustrated the impact of childhood parentification on Black women, revealing how cultural and parental expectations, along with socio-economic pressures, converge to foster a success-driven mindset. This mindset promoted hard work and independence among these participants, while imposing unyielding standards to support the self and family unit.

Theme 4: Negative Mental Health Consequences of Parentification

The literature consistently highlighted the significantly negative impact on mental health in parentified people, linking the experience to poorer emotional well-being and psychological distress. Leath et al (2023) found that Black women who internalised caregiving roles often experienced heightened emotional burden due to cultural norms that normalised these responsibilities, ultimately putting their well-being at risk. This internalisation process was further compounded by societal expectations of the “*Strong Black Woman*,” which discouraged vulnerability, emotional expression and seeking help, leading to psychological distress and isolation.

Findings from Everet alt et al (2016) and Lee & Haskins (2025) further demonstrate that psychological cost often stems from early and sustained emotional neglect or uneven caregiving experiences. For example, one participant in their study shared how her mother was colder and more withdrawn with her than with her younger sibling, leaving her feeling isolated and unseen.

These subtle but powerful relational dynamics, similar to those seen within a parentified child, contribute to chronic stress, anxiety, and difficulty forming secure emotional attachments (Leath et al, 2022). Leath et al (2022) and Lee and Haskins (2025) also link this pattern to hypervigilance and an internalised obligation to prioritise others, even to the point of physical and emotional depletion. Participants described caretaking through illness, suppressing their own needs, and only later recognising the personal toll this pattern had taken on their health and happiness.

Consistent evidence indicated a strong association between parentification and depressive symptoms, highlighting the long-term psychological costs of early caregiving (Gilford & Reynolds, 2011; Hooper et al., 2012b, 2015). The psychological strain of early caregiving without adequate support led to feelings of overwhelm, exhaustion, and emotional fatigue. Additionally, the studies suggested the emotional toll of maintaining family stability and meeting parental expectations contributed to anxiety, depressive symptoms, and chronic stress (Gilford & Reynolds, 2011).

Black women frequently sacrifice their well-being to fulfil caregiving responsibilities, leading to exhaustion and reliance on unhealthy coping mechanisms, such as emotional suppression or substance use (Hooper et al., 2012b). This paradox was evident in the complex emotional burden of parentification, where strength and resilience coexist with emotional scars. New findings suggested that messages around *"staying safe"* and remaining guarded, passed down to protect against racism and marginalisation, can unintentionally lead to emotional isolation and generational cycles of hyper-independence (Lee & Haskins, 2025).

Interestingly, Gilford and Reynolds (2011) found that Black women who viewed parentification as beneficial reported fewer disordered eating behaviours. This suggests that seeing early caregiving as a source of empowerment and purpose may help manage stress and protect mental health. However, for those experiencing depression and emotional distress, parentification was often perceived as unfair and burdensome, amplifying the emotional weight it carried. These contrasting

perspectives illustrate the nuances of parentification and the importance of not seeing black women as a monolith.

Theme 5: Influence of the Family Dynamic on Early Caregiving Roles

The literature consistently demonstrates a strong association between fragmented family structures, such as single-parent households, limited resources, and parental struggles, and childhood parentification (Gilford & Reynolds, 2011; Hooper et al., 2015). In these contexts, parentification often emerged as a response to familial instability, compelling Black daughters to assume adult responsibilities in the absence of reliable support. Gilford and Reynolds (2011) found Black women, particularly those from single-parent households, frequently assumed caregiving roles due to parental challenges such as mental illness, substance misuse, incarceration, or disability. Cultural expectations and socio-economic pressures further complicated these roles. Systemic poverty, housing instability, limited access to healthcare, and under-resourced educational systems disproportionately affect racial and ethnic minority families, contributing to the prevalence of parentification in Black households (Hooper et al., 2015).

This dynamic is shaped by intergenerational caregiving norms, where black girls are culturally expected to prioritise family responsibilities over personal aspirations (Leath et al, 2023). Everet alt et al (2016) expanded on this, showing strength and resilience were often modelled rather than explicitly taught as a means of safeguarding Black women. Participants described mothers who were *“always at work”* or emotionally unavailable, implicitly teaching that productivity equated to worth, and that care was fulfilled through duty. One woman described how her mother’s absence instilled a strong work ethic, while another explained that emotional care was communicated through financial provision and practical survival, rather than affection.

These findings suggested that parentification in Black women may arise as much from what is absent as from what is taught. The lack of emotional availability, nurture, or open communication implicitly imparts the need for strength, self-sacrifice, and hyper-independence. Over time, this contributed to emotional suppression and long-term challenges with vulnerability, boundary-setting, and self-care.

Notably, resilience may not stem from encouragement or affirmation, but from a desire to resist negative stereotypes or escape harmful generational patterns. This adds complexity to how strength is internalised: not always as empowerment, but sometimes as a response to emotional deprivation and social pressure.

Lucas and Wade (2023) further highlighted how caregiving norms shaped emotional and relational development. Participants often learned about romantic relationships through cautionary tales from their mothers, fostering emotional guardedness and relational hypervigilance. Rather than being guided toward healthy relationships, Black girls were warned away from harm. Many described challenges in maintaining stable romantic partnerships, even in adulthood, suggesting that early socialisation impaired the capacity for secure attachment and complicated personal identity.

These findings aligned with Johnson (2016), who found internalised caregiving roles limited Black women's ability to form healthy relationships. Many prioritised familial obligations over romantic intimacy, driven by fears that relationships would bring harm or serve as distractions from their duties. Over time, this pattern could hinder emotional intimacy and perpetuate cycles of single-parent households and intergenerational caretaking.

Even as they transition into higher education or adulthood, many Black women continue to feel responsible for their mothers' well-being, shaped by enduring cultural expectations of sacrifice

(Johnson, 2023; Leath et al., 2023). This theme revealed the deeply embedded interaction between family dynamics and cultural expectations, illustrating how the intersectionality of race, gender, and cultural identity shaped their caregiving roles in these studies. The research also exposed a cultural paradox where early caregiving became both a source of familial survival and emotional burden, ultimately reinforcing unhealthy relational dynamics and the cycle of familial instability.

Theme 6: Stereotypes for Black Women, Education, and Economic Mobility

This theme explored the role of education and academic achievement for Black women who have experienced parentification and early caregiving. Gilford and Reynolds (2011) found many parentified Black women viewed education as a route out of financial instability, shaped by the hardships they witnessed within their families. High parental expectations often intensified this pursuit, with education positioned as a means to resist the stereotypes that limit the perceived potential of Black women. Leath et al (2023) similarly observed that Black girls were socialised to work harder than most to overcome structural barriers, internalising an upward mobility focus aimed at securing a better life.

This mindset was often reinforced by cultural narratives of strength and determination, which shaped both academic values and professional ambition. Everet alt et al (2016) highlighted how participants internalised affirming messages such as *"You are just as good as anyone else,"* (p343) often delivered alongside more implicit teachings about survival, self-reliance, and emotional restraint. For some, this served as a motivating force; for others, it fuelled the SWS, driving them to achieve while masking their distress.

Lee & Haskins (2025) further demonstrated how independence and self-management were modelled as core traits of the SBWS. Participants described mothers who instilled financial discipline and prioritised education, often teaching them how to budget and set academic goals from an early age. These protective lessons came at a cost. Many participants recalled thinking success required self-sacrifice, putting others' needs first, even when physically or emotionally depleted. These findings echoed Leath et al (2022), who found Black women with more adverse childhood experiences (ACEs) and a heightened drive to succeed reported higher levels of anxiety.

While this theme consistently linked early caregiving to educational ambition and a strong work ethic, it also highlighted the emotional costs associated with it. The burden of high achievement came with burnout, internalised pressure, and limited space for vulnerability. Lucas and Wade (2023) emphasised that this pursuit of success was compounded by systemic inequality and a lack of accessible resources, reinforcing the sense that Black women must excel despite the odds.

Notably, nearly all studies contributing to this theme were qualitative and based on small samples, indicating the need for cautious interpretation. Future research with larger, more diverse samples could offer deeper insights into the relationship between parentification, educational attainment, and long-term well-being. Nonetheless, the literature made clear that while parentification and strength socialisation may foster resilience and drive, they also impose a significant emotional cost. Education becomes not just a pathway to opportunity, but a site of psychological negotiation, where success often requires silence, self-sacrifice, and emotional endurance.

Implications

Clinical Implications: Supporting Black Women with Histories of Parentification

This review highlighted the enduring impact of childhood parentification on Black women, shaped by race, gender, and socio-economic context. Culturally responsive, identity-affirming clinical approaches are essential to honour both strength and vulnerability and explore how early caregiving shapes mental health and identity.

Therapists are encouraged to explore caregiving histories, particularly when clients present with anxiety, perfectionism, emotional suppression, or chronic self-sacrifice. These patterns often reflect adaptive responses to childhood demands rather than pathology.

Studies such as Everet alt et al (2016), Leath et al (2022), and Lee and Haskins (2025) illustrate how the SWS and SBWS may subtly present in therapy, through overfunctioning, discomfort with support, or difficulty expressing distress. Clinical formulations should consider emotional restraint and hyper-independence as culturally shaped adaptations and examine how strength has functioned both as protection and as a barrier to vulnerability and care.

Therapists should validate ambivalence around parentification, recognising both pride and resentment without pathologising either. Therapy must create space for these tensions and challenge assumptions that competence rules out distress.

Recent research by Leath et al (2025) supports this, finding that a stronger sense of gendered racial identity is linked to better mental health and wellbeing in Black women. These findings highlight the value of culturally affirming clinical work that actively nurtures identity as a protective factor against the emotional costs of parentification and racialised expectations.

Open-ended exploration of family roles and cultural norms can strengthen assessment practices, particularly where standardised tools fail to detect emotional labour or early responsibility. Culturally adapted genograms, along with psychoeducation on parentification, intergenerational trauma, and the SBWS, may support clients in understanding their relational patterns.

Therapists should also consider how parentification may fuel ambition and empathy while increasing risk for burnout and boundary difficulties. Schema Therapy (Martin & Young, 2010) can be adapted to address self-sacrifice within cultural context. Collective approaches, such as sister circles, offer culturally congruent spaces for connection and healing (Dunmeyer et al., 2023); however, more research is needed to evaluate their clinical effectiveness.

Notably, six of the ten studies reviewed sampled participants who had studied psychology at university level, suggesting a potential link between early caregiving roles and career pathways. This pattern may reflect how internalised caregiving, shaped by parentification, can later manifest as a pull toward therapeutic or caregiving roles. Recognising this link can help in understanding how personal history may inform PI, particularly for Black women in mental health fields.

Implications for Black Women with Histories of Parentification

For Black women, recognising the emotional impact of parentification is a vital step toward healing. Reflecting on how strength and responsibility were internalised can help challenge the belief that vulnerability is a weakness. Culturally affirming spaces, such as peer support groups or individual therapy, can offer validation and emotional release.

Acts of resistance may include setting boundaries, cultivating self-compassion, and learning to prioritise personal needs (Lee, 2025). Psychoeducation on over-functioning and the SWS/SBWS can help challenge internalised beliefs around self-sacrifice and emotional restraint. Embracing joy, rest, softness, and slowness offers alternative, powerful ways to disrupt these patterns. These practices represent necessary redefinitions of strength, grounded in autonomy and self-care for black women (Pollock, 2024).

Wider Implications

Beyond therapy, this review has relevance for education, workplace settings, and social care. In schools and universities, teachers and staff should be aware that high-achieving Black girls may internalise messages of overachievement and caregiving responsibility (Johnson, 2016). These dynamics can affect emotional well-being and engagement. Academic and pastoral support should address both potential and the emotional cost of early responsibility.

In the workplace, Black women with caregiving histories may struggle with asking for help, overworking, perfectionism, or setting boundaries (Leath et al., 2023). Employers should recognise that hidden emotional burdens may underlie outward competence. Wellbeing policies that prioritise rest, flexibility, and non-judgmental support can be especially protective.

In social care and child mental health, services must recognise that parentification can appear in culturally normative ways within Black families. Standard tools like the Graded Care Profile 2 (Margolis et al., 2022) and the Strengths and Difficulties Questionnaire (Goodman, 1997) often overlook early responsibility unless neglect is overt. Nuanced tools, such as Culturagrams (Congress, 1994) or culturally adapted inventories, should be considered in practice.

Finally, services addressing ACEs and adult mental health should consider the long-term psychological effects of caregiving roles shaped by both family need and structural inequalities.

The above highlights the need for more joined-up, culturally sensitive systems that recognise how race, gender, and caregiving expectations shape the lives of Black women and girls.

Conclusion

This systematic literature review highlighted the enduring impact of childhood parentification on Black women, shaped by intersecting cultural, racial, and socio-economic pressures. Across the lifespan, early caregiving roles influenced identity, well-being, and relational dynamics. A dual pattern emerged were these roles fostered traits like ambition and resilience, but came at the cost of emotional suppression, low self-worth, and relational strain.

Studies such as Leath et al (2022), Lee and Haskins (2025), and Everet alt et al (2016) illuminated how caregiving expectations were transmitted across generations, particularly affecting eldest daughters who internalised a drive for success. Although not always labelled as ‘parentification,’ markers such as premature responsibility, emotional attunement, and the suppression of personal needs were widely observed, often framed as maturity.

Collectively, the reviewed studies offered a culturally situated understanding of parentification among Black women. However, all were conducted in the US, and many focused on undergraduate populations. This limits their relevance to UK contexts and to qualified professionals whose roles are shaped by different socio-cultural contexts and healthcare systems. A clearer understanding is needed of how these dynamics manifest and evolve across the career span, particularly in emotionally demanding fields like psychology.

Rationale for the Current Study

Building on this review, the current study aims to explore how parentification informs the personal and professional identity of Black female clinical psychologists in the UK. While the literature consistently linked early caregiving to identity development and resilience, few studies have examined how these experiences shape clinical roles or are navigated within professional life.

Black women have historically been overrepresented in care-oriented professions such as childcare, nursing, and social services, a pattern underpinned by structural inequalities and cultural expectations (Chimowitz, 2024). Studies like Gilford and Reynolds (2011) and Johnson (2016) further suggest that early caregiving roles can inform aspirations in helping fields. However, the long-term impact of these roles, particularly on qualified clinicians, remains underexplored.

Broader research has also found that internalised caregiving can shape not only career choice but also how therapeutic identities are formed among therapists and psychologists (Beffel et al., 2023; Bryce et al., 2023; DiCaccavo, 2002; Nikčević et al., 2007; Moubarak, 2025; Seeger, 2023). Traits such as self-sacrifice, strength, and emotional availability, developed through parentification, can become embedded in clinical practice, influencing emotional boundaries, relational attunement, and professional stance (Baker, 2018; Cvetovac & Adame, 2017; Hayes, 2002). Few studies have explored how these formative experiences shape the ongoing development of professional identity (Begni, 2005; Maconochie, 2024).

Within Black communities, role reversal is often normalised through cultural frameworks, which can obscure its emotional cost and overemphasise perceived strengths (Hetherington & Stanley-

Hagan, 1999; McMahon & Luthar, 2007). Developmental theorists also suggest that assuming caregiving responsibilities prematurely can disrupt normative identity development, later manifesting as difficulties with authenticity or establishing professional boundaries (Castro et al., 2004; Erikson, 1968; Fullinwider-Bush & Jacobvitz, 1993).

Yet much of the existing research lacks an intersectional lens or fails to include Black participants. More recently, Maconochie (2024) explored how trainee counselling psychologists with parentified backgrounds made sense of their developing professional identities. Maconochie's findings highlighted a continuity between early caregiving roles and clinical practice, suggesting that identity was not formed in isolation but emerged as a reworking of longstanding relational patterns. A key limitation of this study, however, was its lack of racial diversity, as none of the participants identified as Black, and its exclusive focus on trainee counselling psychologists rather than qualified clinical psychologists. Given the racialised dynamics of strength and service within Black communities, a deeper exploration is needed into how these identities are lived, challenged, or reworked over time.

This study, therefore, aims to address a critical gap by exploring the following question:

Research question "How do Black female Clinical Psychologists in the UK make sense of their childhood experiences of parentification, and how do they perceive these experiences to have shaped their professional identity and clinical practice?"

Aims:

- To explore and interpret the lived experiences of childhood parentification among Black female clinical psychologists in the UK.

- To examine how these parentification experiences have influenced the development of personal and professional identities, including the potential impact of the "*Strong Black Woman*" schema.
- To investigate how childhood experiences of parentification may shape clinical practice, professional roles, and approaches to patient care among Black female clinical psychologists.

CHAPTER THREE: METHODOLOGY

Chapter Overview

The following chapter outlines the methodological choices made and the philosophical underpinnings of the research, including research paradigms concerning the ontological and epistemological positioning. This section will begin by exploring the rationale for selecting a qualitative interpretative phenomenological approach, deemed most suitable for addressing the study's research aims (Lyons & Coyle, 2021). Following this, the theoretical foundations of IPA will be outlined, along with a discussion of why it was chosen over alternative research approaches. The process of participant selection, recruitment, and data collection will then be described, followed by an examination of ethical considerations. Finally, the section will conclude with a reflective account of the researcher's positionality and reflexivity.

Ontology

This study adopts a critical realist ontological position, which recognises reality as layered. It accepts that while individual experiences are real and meaningful, they are also shaped by deeper, often unobservable structures such as cultural norms, systemic inequalities, and social expectations (Fletcher, 2017; Wikgren, 2005). For example, caregiving roles may be experienced personally, but they are also shaped by racialised and gendered expectations that exist beyond the individual.

To enrich this perspective, Black feminist theory is integrated to highlight how intersecting systems of race, gender, and culture shape experiences and also how these experiences are interpreted and valued. Black feminist scholars such as Crenshaw (1989) and Collins (2000) argue that the lived realities of Black women cannot be understood through single-axis frameworks. Instead, experiences such as parentification are better understood within the sociocultural structures that define worth through emotional labour, resilience, and care, particularly for Black women.

Epistemology

This research adopts an interpretative phenomenological epistemology, rooted in the belief that knowledge is co-constructed through the interaction between participant and researcher. Interpretative Phenomenological Analysis (IPA) centres the lived experience of individuals, recognising that their accounts are shaped by personal meaning-making, while also being situated within broader sociocultural contexts (Langdridge, 2007; Willig, 2012).

The researcher's positionality and interpretive role are acknowledged as part of the meaning-making process, consistent with the double hermeneutic of IPA (Larkin et al., 2006). This allows for a nuanced exploration of how participants make sense of their experiences, while also recognising the structural forces that shape those interpretations.

Informed by Black feminist epistemology, this study values lived experience as legitimate knowledge, mainly when it arises from marginalised identities. It challenges the idea of neutrality in research and recognises that Black women's voices offer critical insight into systems of power and care (Collins, 2000). This lens strengthens the study's commitment to surfacing what is said, and the social conditions that make those experiences possible and meaningful.

Research Design

Qualitative research methods are designed to explore the quality and depth of people's subjective experiences (Willig, 2017). This study aims to investigate how BFCPs make sense of their experiences of parentification and its influence on their PI. To achieve this, in-depth and reflective accounts were gathered from participants, facilitating nuanced insights that quantitative methods may potentially miss (Hennink et al., 2020).

This methodology allowed for the exploration of the lived experience of parentification, as revealed through the diverse and detailed perspectives of individuals. Employing a qualitative method reflected the researcher's curiosity about how people interpret and make sense of significant aspects of their experience. The researcher felt it was crucial to employ approaches that did not reduce the voices of Black women to statistical data, capturing this subjectivity and offering insights beyond what can be deduced from positivist explanations.

Consideration of Alternative Qualitative Approaches

Qualitative research is an iterative process that focuses on gaining a deeper understanding by exploring subjective meanings, developing new distinctions, and adapting methods to closely engage with the studied phenomenon (Aspers & Corte, 2019). A methodology must then be selected to align with the epistemological stance, the researcher's position, and the research aims (Harper, 2011). Several qualitative designs focus on obtaining in-depth data. Before deciding on the most suitable approach, multiple qualitative methods were considered and discussed with the supervisory team.

A brief outline of methodologies and the rationale for the final choice of Interpretative Phenomenological Analysis (IPA) will be considered.

Thematic Analysis

Thematic Analysis (TA) is a qualitative method that identifies themes or patterns within data, either inductively or deductively (Braun & Clarke, 2021). TA tends to produce broader descriptions of shared experiences, rather than the rich, idiographic exploration of individual lived experiences (Hefferon & Gil-Rodriguez, 2011). Given the aim of this research to deeply examine the lived experiences of parentified BFCPs, IPA was deemed more suitable. IPA prioritises an in-depth understanding of individual perspectives within a smaller, purposive sample (Smith & Nizza, 2022).

Discourse Analysis

Discourse Analysis (DA) examines language in terms of its construction and function (Wetherell et al., 2001), emphasising *how* stories are constructed - the processes, structures, and choices involved - rather than *what* they contain in terms of content or context (Burr, 2005). It analyses linguistic patterns and situates language within sociohistorical contexts (Cheek, 2004), aligning with a social constructionist epistemology that considers the role of power in shaping discourse (Harper, 2011).

While both DA and IPA value attention to detail and language, DA focuses on discursive constructions (Biggerstaff & Thompson, 2008). In contrast, IPA uses language as a tool for exploring lived experiences (Smith et al., 2009). For this study, which centres the voices of BFCP,

DA was not chosen. The focus on discursive aspects of language might have diverted attention from the participants' lived experiences and the meaning they ascribe to their stories, which is central to the research aims.

Narrative Analysis

A narrative approach encourages participants to share stories about their experiences, focusing on the structure and language used in storytelling. Such approaches emphasise how narratives are co-constructed, interpreted, and shaped by the social contexts in which they are told (Smith, 2016; Frosh & Emerson, 2005). While this approach appeared fitting for exploring the experiences of BFCPs, it emphasises how stories are constructed, their purpose, and the audience they are intended for (Burck, 2005). The current research, however, required a deeper focus on how BFCPs experience the phenomena of parentification, their racial identity, and its impact on their professional practice. IPA was deemed more suitable, as it considered these narratives within the context of individual idiographic exploration (Smith, 2011).

Theoretical Underpinnings of IPA

IPA is a qualitative research method designed to explore how individuals interpret and make sense of significant life experiences (Smith & Nizza, 2022). In this study, IPA provides a framework to examine how BFCP make sense of their experiences of parentification and its influence on their PIs.

By aiming to understand how individuals interpret their social worlds, IPA acknowledges that both participants' and researchers' biases and preconceptions inevitably shape these interpretations (Ho et al., 2017). The interpretative nature of IPA involves active engagement between the

researcher and participants in co-constructing the understanding of these experiences (Roberts, 2013). This collaborative process requires reflexivity, which entails researchers explicitly acknowledging their biases and documenting how they are managed throughout the research process (Smith et al., 2009). Reflexivity was essential in this study, as it considered how the researchers' background and experiences shape the knowledge produced.

Through IPA's double hermeneutics, this study examines the participants' sense-making processes while also interpreting how the researcher makes sense of these interpretations. Participants engage in 'first-order' meaning-making by reflecting on and narrating their experiences of parentification. The role of the researcher involves 'second-order' meaning-making, interpreting participants' accounts and their attempts to make sense of their realities (Smith & Fieldsend, 2021). This dual process aligns to explore not only what participants experience but also how and why they attribute meaning to these experiences.

Phenomenology

Phenomenology, a cornerstone of IPA, is the study of lived experience from a first-person perspective, focusing on what it means to be human and what matters to individuals (Connelly, 2010; Smith et al., 2009). IPA provides a framework for examining participants' reflections and understanding the meaning they ascribe to their experiences while emphasising the importance of researcher reflexivity in shaping interpretations (Narvaez, 2013; Smith & Osborn, 2007).

Phenomenology emphasises the importance of "bracketing," where researchers set aside their assumptions to fully engage with participants' perspectives (Smith & Nizza, 2022). This is especially relevant as participants reflect on the intersections of parentification, racial identity, and

professional roles, which closely align with aspects of the researcher's identity. By embracing this approach, the aim is to understand participants' experiences through their distinct contextual lenses while employing reflexivity to interpret their narratives thoughtfully and effectively (Alase, 2017).

Hermeneutics

Hermeneutics, the theory of interpretation, is a key underpinning of IPA, focusing on how meaning is drawn from participants' verbal and written communication (Smith & Nizza, 2022). In this study, hermeneutics emphasises interpreting participants' reflections on parentification while acknowledging that the researcher's preconceptions and context influence interpretations.

The process of double hermeneutics was particularly valuable for this research, as it allowed the author to engage with both the participants' sense-making and her interpretative process of their experiences.

Ideography

The final element of IPA is ideography, which emphasises the importance of focusing on the individual rather than generalising to a group or population. Ideography focuses on capturing a rich, detailed account of an individual's experience by examining their unique perspective through a single-case lens. Smith and Nizza (2022) stressed the value of maintaining this individual focus throughout the research and analysis process, except at the final stage, where overarching experiential themes across participants are explored.

While IPA involves selecting a relatively homogenous group of participants, it is crucial to recognise that, even with shared racial identities or similar experiences, each individual's perspective is distinct. Each voice is spotlighted, and by adopting this individualised approach, the research can gain a more nuanced and authentic understanding of the phenomenon being studied.

Limitations of IPA

Although IPA is well-suited for this study, it is not without its limitations. Some scholars argue that it can be inconsistent in its application, overly focused on description, and occasionally lacking in interpretative depth (Giorgi, 2010; Henriksson et al., 2012). Furthermore, it has been critiqued for insufficiently addressing how language influences the construction of meaning (Willig, 2008).

The method's reliance on strong verbal communication skills and a shared language between participants and researchers has been criticised as potentially elitist, contributing to inequity and epistemological injustice in research. By privileging verbal discourses of knowledge, IPA inadvertently excludes certain groups, particularly those outside the Western, Educated, Industrialised, Rich, and Democratic (WEIRD) population (Henrich et al., 2010). In this way, IPA risks reinforcing dominant cultural norms, including whiteness and the perspectives of dominant groups, perpetuating systemic imbalances in knowledge production.

Lastly, a key tension in IPA involves balancing the appreciation of individual, unique sense-making with the need to identify commonalities across participants. This can be managed by grounding themes in quotes from multiple participants, ensuring first-order constructs remain closely tied to their direct experiences (Tuffour, 2017).

Quality and Validity of Current Study

Yardley's (2000) framework was employed in this research due to its clearly defined principles, widespread application, and strong reputation for assessing the validity and quality of qualitative studies. Yardley (2000) identified four key principles for evaluating diverse qualitative research approaches: 'sensitivity to context,' 'commitment and rigour,' 'transparency and coherence,' and 'impact and importance', see Table 7. Key criteria for quality in IPA research, as outlined by Nizza et al (2021) and Smith and Nizza (2022), were also taken into account.

Table 7

Yardley Quality Appraisal in IPA

Criteria for quality research in IPA	Description
Sensitivity to context	Sensitivity to context was a central principle in this study, demonstrated through a deliberate effort to respect and engage with participants' socio-cultural and personal environments. As a Black researcher, a shared understanding of cultural norms and social graces resonated with some participants and helped create an atmosphere of trust and relatability during the interviews. This connection allowed participants to feel at ease and express themselves more openly, which enriched the data collection process. Efforts were also made to remain sensitive to differences within the participant group, avoiding assumptions based on shared identity and focusing on individual narratives. Interviews were conducted in settings chosen by participants to ensure comfort, and questions were phrased in a way that allowed them to explore their lived experiences without feeling constrained or judged. The analysis acknowledged these contextual nuances, considering how participants' cultural and social realities shaped their meaning-making processes.

Commitment, Rigour	Commitment and rigor were demonstrated through an immersive approach to data collection and analysis. The researcher engaged deeply with each participant's narrative, repeatedly reading and coding transcripts in alignment with Smith & Nizza (2022) guidance to capture the richness of lived experiences. As the researcher shared a cultural background with some participants, reflexivity and 'bracketing' was used to remain critically aware of positionality and avoid over-identification. Attending IPA advanced methods groups hosted by the researcher's university ensured methodological rigor. Immersion in the data allowed for the identification of emerging themes and iterative refinement of interpretations, preserving the uniqueness of each narrative while uncovering shared themes.
Transparency and Coherence	To ensure adherence to transparency and coherence, a detailed write up was provided to enhance validity. The methodology is explained, with a clear rationale for the choices made which align with the study's objectives and aims. The introduction and literature review establish the relevance of this research. This also includes an open account of the philosophical framework underpinning the study, the research design, participant recruitment, interviews and researcher reflexivity. The analysis process is outlined to show how the data was interpreted, highlighting the structured approach taken to explore the lived experiences of BFCP. Verbatim quotes and selected excerpts from participants' accounts are included in the findings to ensure perspectives are accurately represented, ensuring transparency and clarity of the research. These can be found in the appendices.
Impact and Importance	Impact and importance serve as measures to assess the validity and quality of research (Yardley, 2008). This study aimed to provide valuable insights into an under-researched phenomenon in the UK – Parentification and its impact on individuals who pursue helping professions, particularly clinical psychologists. By examining the lived experiences of BFCP, a group often overlooked in psychological research, this study seeks to enrich the limited evidence base. Through an exploration of personal and professional journeys, it aims to uncover connections between identity,

early childhood experiences, representation, and cultural competence in clinical psychology.

The findings aim to guide the development of more inclusive and supportive environments within the field, potentially informing training programs, organisational policies, and supervision practices to better address the needs of Black women in clinical psychology. Additionally, by shedding light on the unique challenges faced by parentified individuals, the study seeks to raise awareness about the long-term effects of parentification, fostering open dialogue and greater understanding within the profession.

Methods

Recruitment

In this study, eight participants were recruited. This aligns with Smith and Nizza (2022), who stated that 6-10 participants are suitable for IPA research at the doctoral level.

A purposive sampling approach was employed, allowing for the intentional selection of participants with relevant knowledge and experience to provide rich, in-depth insights into the phenomenon (Etikan et al., 2016).

Following ethical approval (Appendix B), a virtual flyer (Appendix C) was created. The flyer outlined the study's purpose, included key terms such as "parentification," detailed the inclusion criteria, and provided a QR code linking to a demographic and screening questionnaire. It was distributed across multiple social media platforms, including Instagram, LinkedIn, a Facebook group for clinical psychologists and a WhatsApp group for Black psychologists. Research-specific social media accounts were created to support recruitment efforts (deactivated upon the

completion of recruitment). These platforms were chosen for their broad reach and the option for anonymity, enabling interested individuals to inquire about the research privately (Bender et al., 2017).

Further distribution of the flyer was conducted through the following professional bodies: the Association of Clinical Psychologists (ACP), the British Association of Behavioural and Cognitive Psychotherapies (BABCP), and the Health and Care Professions Council (HCPC).

Interested participants accessed the demographic and screening questionnaire via the QR code on the flyer, which directed them to Qualtrics, an online survey platform used to collect data for this study. Participants could then access the following forms: participant information sheet (Appendix D), collection of consent forms, demographic information questionnaire and screening responses (Appendices E and F)

Eligible participants who provided written consent were then sent a Calendly invitation to select a time slot for their interview.

Inclusion and Exclusion Criteria

The inclusion criteria ensured homogeneity without being overly restrictive (Table 8). Much of the existing research on parentification focuses on parent-child dyads, college students, or children and adolescents (Dariotis et al., 2023). Therefore, focusing on qualified psychologists was justified to explore the perspectives of a group that has not been studied in this context. Qualified psychologists are likely to have had more time to establish their PI, increasing the likelihood of connecting their experiences of parentification to their professional development.

The assumption that participants meeting the inclusion criteria would be English-speaking was later confirmed by the participants themselves. However, this criterion should have been stated explicitly, as proficiency in English is essential, given the focus on language and meaning-making in IPA analysis (Smith et al., 2009).

Table 8

Inclusion and exclusion criteria for interview participants

Inclusion	Exclusion
• Identifies as having lived experiences of parentification in childhood. This can be defined as having taken on significant caregiving responsibilities for siblings or parents at a young age.	• Currently in training or not qualified from a DClinPsy program within the UK, or registered with the HCPC if qualified outside of the U.K.
• A qualified clinical psychologist trained at a Doctorate in Clinical Psychology (DClinPsy) program in the UK registered by the clearing house and/if trained outside of the UK but currently practicing in the UK, providing upon qualification registration with the health care and professions council (HCPC).	• Individuals enrolled in different psychology training courses including undergraduate courses or counselling, educational or forensic doctoral training.
• Self identifies with being Black African, Black Caribbean or Black British	• Has no lived experience of parentification in childhood.
• Self identifies with being female.	• Does not self-identify with being Black African, Black Caribbean or Black British.

Participants

In total, 8 BFCPs with lived experience of childhood parentification were recruited. Originally, fourteen individuals signed up to participate via the Qualtrics link – thirteen women and one man. Those excluded did not meet the eligibility criteria due to gender, qualification status, or failure to provide contact details for an interview.

All selected participants were female, with participants aged between 25 and 44. Pseudonyms were given to protect anonymity. All participants were qualified clinical psychologists, HCPC-accredited and working in the UK. Summaries of participant demographics are presented in Table 9.

Table 9

Demographic Table

Name	Ethnicity	Age Category	Years Qualified	Parent Marital status during childhood	Age parentification role began	Emotional parentification	Instrumental parentification	Birth order	No of siblings
Imani	Black British - Caribbean	35-44	2	Single Mother	6-10yrs	Yes	Yes	Eldest	3
Zenzi	Mixed Black Caribbean and Middle eastern	25-34	1	Parents separated lived with Mother and stepfather	6-10yrs	Yes	Yes	Middle	2
Nyah	Black British – African	25-34	1	Married	6-10yrs	Yes	No	Youngest	1
Mirembe	Black African	35-44	11	Married	11-15yrs	No	Yes	Eldest	3
Asha	Black British – African	35-44	8	Single Mother	11-15yrs	Yes	Yes	Eldest	1
Kamaria	Black British – African	35-44	6	Married (parents separated for a	6-10yrs	Yes	Yes	Eldest	1

				duration of time)					
Ama	Black British - Caribbean	25-34	1	Parents cohabitating	11-15yrs	Yes	Yes	Middle	2
Zola	Black British - Caribbean	25-34	1	Married	0-5yrs	Yes	Yes	Eldest	5

Data Collection

IPA interviews should be conversational (Biggerstaff & Thompson, 2008), which can lead to participants sharing individual narratives in their own words (Smith et al., 2009). Semi-structured interviews were conducted with participants using Microsoft Teams, lasting 60-90 minutes. Interviews were recorded in both video and audio formats to ensure descriptive validity, enabling verbatim transcription. The researcher anonymised identifiable details during the transcription process.

Data was stored under strict General Data Protection Regulation (GDPR) guidelines and deleted once transcribed. This allowed for an extensive and rich appreciation of the qualitative data, enabling the researcher to immerse themselves in the process and better inform the analysis.

Each interview began with an introductory paragraph that reminded participants of the aims and confidentiality policy. Participants had the opportunity to ask questions before the interview started.

Semi Structured Interviews

Semi-structured interviews were employed in this study, commonly used in IPA research (Smith & Fieldsend, 2021), with an aim to provide participants with a thoughtful and reflective space to discuss potentially complex experiences. The researcher endeavoured to foster an open and safe environment, with an empathic, embodied presence (Finlay, 2009). Probing questions, prompts, and attentive listening were used to encourage personal exploration, particularly when addressing sensitive subjects.

To ensure expert-by-experience involvement, the relevance and sensitivity of the interview schedule were strengthened by discussing the research questions with a trainee clinical psychologist who identified as an expert by experience. Their input helped ensure the questions meaningfully captured the complexity of parentification and identity among Black women.

Key areas explored included participants' early experiences of parentification, how these shaped their clinical practice and career choices, their engagement with the SBWS, and how they made sense of these experiences in relation to their personal and professional identities. A mock interview was conducted with a trainee clinical psychologist with lived experience, whose feedback helped refine the interview questions to ensure relevance and sensitivity.

While a semi-structured format guided the interviews, participants were also enabled to introduce experiences they felt were relevant during the process. Consequently, the interview questions served as a flexible framework rather than a rigid structure (Appendices G & H).

After each interview, a debrief was conducted, giving participants the opportunity to ask questions and the researcher to assess risk. Throughout the research process, a journal was kept to document and reflect on initial thoughts, assumptions, and feelings that arose. After each interview, the researcher reflected on the rapport established, observed non-verbal cues, and noted moments when participants appeared hesitant to respond or added disclaimers to their answers.

Ethical Considerations

Ethical approval was obtained from the University of Hertfordshire Health and Human Sciences Ethics Committee (protocol number: LMS/PGR/UH/05762). Participants were provided with the ethics protocol number on the information sheet and contact details of who to contact with concerns about the research.

Relevant to this research, seven primary ethical concerns will now be presented to highlight how the safety and fair treatment of all participants were prioritised.

Informed Consent

Prospective participants who completed the screening survey were sent a participant information sheet, which outlined the study's aims and rationale, what they could expect from participating, and how the information provided would be stored and destroyed after use. Before the interviews took place, participants were reminded of the details and the information sheet.

Right to Withdraw

The right to withdraw was discussed during the pre-interview script and at the end to remind the participant that they could remove themselves and their data from the study at any point up until analysis.

Debriefing

A debrief was offered in accordance with BPS (2021) guidelines on ethical human research, encouraging immediate aftercare after an interview. Once the recording was stopped, participants were encouraged to check in with themselves, considering how they found the interview and what they would do after to care for themselves. Participants were allowed to ask questions, and a debrief form was sent to them via email after the interview (Appendix I).

Confidentiality

Confidentiality is a cornerstone of psychological research, ensuring that participants' information is protected and remains private. In this study, confidentiality was emphasised both verbally and in writing, reminding participants of the boundaries of confidentiality and that if they were concerned for their safety or the safety of others, confidentiality would be breached to protect safety.

Participants were informed that the findings would be presented as part of a doctoral thesis. To preserve their anonymity, identifying information was removed post-interview. Participants' names were replaced with pseudonyms, and any additional identifiable details in the transcripts were deleted or substituted. Data, including audio recordings, screening documents, and other materials, were securely stored in compliance with legal standards and the university's data protection policies.

Given the limited number of BFCPs in the field of psychology, extra precautions were taken to safeguard confidentiality. Efforts were made to ensure participants could not be identified through unnecessary data, such as NHS trusts or previous training courses. To further maintain confidentiality, only a draft excerpt from the interview transcript is included in Appendix J.

Data Protection

In line with the Data Protection Act (2018), several measures were taken to ensure participant data was stored securely and anonymised. Consent forms, which included participants' names and signatures, were encrypted and stored separately on the University of Hertfordshire's OneDrive. Demographic information (such as age, gender, ethnicity, and experience of parentification) was anonymised, password-protected, and securely stored.

Audio recordings that included names were encrypted, assigned anonymised file names, and stored separately from any identifying information. The researcher transcribed all interviews. During transcription, any names or identifying details were removed to ensure complete anonymisation.

Potential Distress

Given the personal and sensitive nature of the topics discussed, such as race and upbringing, it was crucial to provide participants with a clear understanding of what to expect during the interviews. Interview questions were shared in the Teams meeting chat function, and participants were reminded of their right to decline answering any questions.

To mitigate distress, frequent check-ins were conducted, accompanied by a debrief and the provision of a support sheet containing resources for additional help if needed. These steps were designed to create a containing and respectful environment, minimising distress and prioritising the well-being of participants.

Risk

To account for any potential risks associated with the study, a Harms, Hazards, and Risks assessment form was completed as part of the ethical approval process. This study was

deemed low risk, as the primary focus was participants' lived experiences rather than direct interventions or high-stakes topics. While the discussions involved sensitive themes such as race, identity, and parentification, precautionary measures were implemented to address any emotional distress that might arise (as above). No risks or adverse events were reported by participants during the study (Appendix K).

Data Analysis

The data analysis followed the IPA guidelines of Smith & Nizza (2022), supported by regular supervision and participation in university-led IPA workshops. While structured around key stages (Table 10), the process was cyclical and iterative, involving continuous movement between words, sentences, individual transcripts, and overarching themes, aligning with Smith et al's (2009) "part and whole" approach.

The analysis remained committed to IPA's idiographic focus, starting with an in-depth exploration of each case before identifying patterns across participants. Guided by the "hermeneutic circle," it involved revisiting data and analytical steps to uncover deeper meanings. This fluid, inductive process began with the first case and continued through to the writing phase, evolving from descriptive summaries to richer interpretative insights. Consistency and rigour were ensured through supervisor oversight at all stages.

Table 10

Stages of IPA Analysis

Stage	Procedure
Stage 1 – Reading and Re-reading	Immersion in the data through repeated listening and reading of transcripts. Key changes in tone, speed, and hesitations are noted, and reflective skills are used to process the impact of the data.
Stage 2 – Exploratory Noting	Transcripts are organised into a table with exploratory notes in three categories: Descriptive (content-focused), Linguistic (language use), and Conceptual (interpretative). Colour coding aids clarity and ensures anonymity.
Stage 3 – Constructing Experiential Statements	Data is distilled by creating experiential statements that retain richness. Statements include researcher interpretations while staying rooted in participants' experiences.
Stage 4 – Searching for Connections Across Experiential Statements	Statements are clustered to explore how they fit together, guided by research questions. The process involves creatively organising and identifying patterns.
Stage 5 – Naming the Personal Experiential Themes (PETs)	Clusters of statements are titled to form Personal Experiential Themes (PETs). Themes are colour-coded, linked to transcript sections, and patterns are identified using a dynamic, iterative process.
Stage 6 – Continuing the Individual Analysis of Other Cases	Stages 1-5 are repeated for each participant, treating each as a unique case. New analytic entities are identified while bracketing prior findings to maintain individuality.
Stage 7 – Developing Group Experiential Themes (GETs)	PETs are analysed for similarities and differences to develop Group Experiential Themes (GETs). Themes reflect shared and unique experiences, avoiding generalised group norms.

Reflexivity

Reflexivity involves critically examining how a researcher's background, beliefs, and experiences influence the research process, analysis, and interpretation of findings (Dodgson, 2019). In qualitative research, particularly within Interpretative Phenomenological Analysis

(IPA), reflexivity is essential for understanding the dynamic interaction between the participant, researcher, and the research itself (Clancy, 2013). To support transparency and authenticity, a first-person perspective is used in this section to explore my positionality as a Black, parentified eldest daughter and trainee Clinical Psychologist.

I adopted an intimate insider position, sharing salient cultural and experiential characteristics with participants. This aligns with Brannick and Coghlan's (2007) definition of the intimate insider, where the investigator is both a researcher and a member of the population under study. Moving beyond a binary insider–outsider distinction, this approach recognises a continuum of positionality shaped by proximity to the subject matter and shared socio-demographic characteristics such as gender, age, ethnicity, and social class (Heslop, Burns, & Lobo, 2018; Mercer, 2007; Trowler, 2011). As a Black female trainee psychologist who has also experienced parentification, I recognised that my personal history could mirror aspects of participants' experiences. Familiarity with the expressive nuances and culturally specific communication styles of the target population enabled a deeper conceptual grasp of participants' accounts, enhancing authenticity and facilitating recruitment success (Shaghaghi, Bhopal, & Sheikh, 2011). McGinty and DiCaccavo (2025) similarly demonstrated how adopting an intimate insider stance strengthened trust and enriched data.

While this positionality had its benefits for the research, I employed bracketing as a reflexive safeguard against over-identification and to maintain analytic rigour. As Taylor (2011) noted, structured reflexivity allows insider researchers to balance personal resonance with the integrity of participants' voices, particularly in qualitative studies of identity and lived experience. I used reflexive journaling throughout to ensure transparency and protect against bias.

My connection to the research topic created both strengths and challenges. Sharing experiential similarities with participants allowed for empathic attunement but also required

deliberate effort to ensure that interpretations remained grounded in participants' voices rather than my projections. To maintain a participant-centred stance, I engaged in regular journaling (Appendix L), clinical supervision, and peer reflection throughout the research process. These strategies enhanced my self-awareness and helped bracket assumptions that could influence the direction of analysis.

My history shaped how I understood the roles frequently held by eldest daughters, such as emotional caregiver, mediator, and 'fixer,' and their implications for emotional regulation and career motivation. Research linking parentification to helping professions (DiCaccavo, 2006) resonated with my trajectory, deepening my investment in the topic. However, interviewing qualified professionals as a trainee introduced power dynamics that required careful navigation. I was mindful of participants' positions, potential discomfort, and prior experience of holding authority in clinical settings.

To address this, I prioritised warmth, curiosity, and collaboration during interviews, positioning myself as a learner to build trust. When participants highlighted generational or professional differences, such as being qualified while I was a trainee, I viewed these reflections not as limitations, but as valuable insights into the diverse pathways into psychology.

Finally, IPA's idiographic and interpretative foundations supported my reflexive engagement, allowing me to hold both participant meaning making and my interpretative lens in creative tension.

CHAPTER FOUR: RESULTS

Chapter Overview

This chapter presents findings from an IPA study of eight Black female clinical psychologists in the UK. The research explored how participants made sense of childhood parentification and its influence on their professional identity and practice. Guided by IPA's idiographic and interpretative approach (Smith, Flowers & Larkin, 2009), the analysis remained grounded in participants lived experiences while identifying patterns of meaning across the group (Appendices M-Q).[3]

As a Black woman and trainee psychologist, the researcher reflected on how her positionality influenced the analytic process. The study was informed by critical realism and Black feminist thought, recognising that participants' accounts reflect real experiences while shaped by context, power, and interpretation.

Four Group Experiential Themes (GETs) were identified, each comprising two to three subthemes. Strong convergence emerged across narratives, particularly regarding early responsibility, cultural expectations, and clinical instincts rooted in survival. Participants reflected on how these experiences shaped their identities. Divergences emerged in relation to the Strong black woman schema (SBWS), specifically regarding the strength of their connection between childhood and practice, and the extent to which they redefined professional roles.

The themes are outlined in Table 11.

[3] Further Supporting Material: Detailed information related to the analytic process and participant data can be found in the following appendices: Appendices M-Q

Table 11

Summary of GETs and the Subthemes

Group Experiential Theme	Subtheme
Intergenerational Responsibility, Internalised Roles	1.1 Silent Expectations – "*The Responsible one"* 1.2 The Making of the Eldest Daughter 1.3 When Caregiving Becomes Self-Validation
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GET 1: Intergenerational Responsibility, Internalised Roles

This theme captures participants' experiences growing up in family systems requiring them to function as caregivers, mediators, and emotional anchors. These roles were often adopted without question, becoming deeply entwined with their emerging sense of self. Participants did not just carry out adult-like tasks – they absorbed responsibility into their identities, shaped

by cultural, gendered, and familial expectations. The language they used reflected not only the burden but also the normalisation of holding everything and everyone together.

1.1 Silent Expectations – The Responsible One

This subtheme addressed the experience of being placed in caregiving roles from a young age, not through explicit instruction, but through unspoken family dynamics and necessity. Participants discussed how emotional and practical labour were absorbed in silence, with several participants describing how they came to be seen as "*the responsible one.*" These caregiving responsibilities often arose without adequate emotional support and placed demands beyond their developmental stage.

Imani described her relationship with her single mother as one of mutual dependence, which shifted dramatically once her younger siblings were born:

"She needed me. I needed her […] but when I had siblings, I would say […]. I became like a second mom." (Imani)

For Imani, the lines between daughter and mother blurred as they leaned on each other equally, but her caregiving role intensified as her siblings arrived. This shift was reinforced by humour in the family, which masked a more serious reality:

"Everyone makes jokes about me being the third parent in my household, but I definitely think maybe I was the first." (Imani)

Here, the joke about being the *"third parent"* concealed a deeper truth: she experienced herself as primary parent, revealing the extent of her role reversal.

Zola described being *"groomed into a role,"* highlighting how her caregiving identity was shaped not by explicit demand but through unspoken expectation:

"I think it's the transference of power and being groomed into a role […] into a second mother or a sister wife or the eldest carer." (Zola)

Her language conveys a loss of choice**,** *"Groomed"* suggests a process of subtle conditioning, while "transference of power" implies that adult responsibilities were silently passed down. Her reference to a *"sister wife"* evokes emotional enmeshment and the blurring of familial boundaries, revealing the complexity of her role.

In contrast, Ama's account centred on the instrumental demands of early caregiving:

"I had to come home from school, make sure that the house was clean, there was dinner for everyone, and do the shopping […] like, we had to hold that down." (Ama)

Here, caregiving is framed as routine and shared, yet the phrase *"hold that down"* hints at pressure without recognition**.** There's an implicit pride in her competence, but also an absence of support or choice, revealing a normalisation of adult responsibilities**.**

Zenzi spoke of her emotional labour, reflecting on the tension between how she was perceived and what she needed:

"A mitigator, or to help repair those ruptures […] my seeming capability even though really and truly, I was a child." (Zenzi)

This highlights the disconnect between external expectations and internal experience. Being positioned as emotionally capable left little room for vulnerability. Her "*seeming capability"* highlights the performance of maturity expected of her, despite her developmental immaturity.

Nyah echoed this dynamic, noting the unreciprocated nature of emotional caregiving:

"Already at that age, I was having to work out: What are you meant to do when somebody else is upset? […] But none of that ever came back from my mum towards me." (Nyah)

This quote captures the emotional asymmetry in her caregiving role. She was attuned to others' needs, but her own emotions went unnoticed. This absence of care marked a form of emotional neglect**,** wrapped in the appearance of competence.

Participants described the emotional weight of caregiving as especially burdensome when there was no reciprocity. While instrumental tasks were often framed as frustrating yet manageable, emotional parentification and absorbing adult distress without support had a negative impact. Kamaria articulated this distinction:

"[Instrumental parentification] was just like, this is time-consuming and annoying, but not perhaps burdensome... […] venting kind of felt the most burdensome, because again, that's perhaps not something you can do anything with." (Kamaria)

Her reflection reveals the passivity imposed by emotional labour. Unlike physical tasks, which could be completed and contained, emotional caregiving required holding feelings that didn't belong to her, without the tools to process them. This led to a kind of *adultification*, where emotional competence was expected before it had a chance to develop.

Kamaria also questioned how this premature maturity was socially framed:

"Thrown out as being like something you should be proud of […] you're mature, you're sensible. Where is the space to just be immature? […] You're a child." (Kamaria)

Here, she challenges the narrative that maturity is inherently virtuous, revealing a deep ambivalence between pride in being capable and grief over a lost childhood. Asha echoed this when she noted the absence of choice:

"Actually, there was no other choice." (Asha)

This stark statement highlights a shared sense of inevitability. Participants were often positioned as adults-in-waiting, straddling two worlds those of child and caregiver without ever feeling adequately prepared.

Kamaria later reflected on how this shaped her identity:

"I suppose I see myself as being quite an independent person […] that's almost kind of like a point of pride." (Kamaria)

Her pride in independence suggests a reframing of survival as strength, yet the origins of this strength were rooted in unmet needs.

Across accounts, it became clear that independence was less a personal choice than a protective adaptation to ongoing emotional and physical demands.

1.2 The Making of the Eldest Daughter

This subtheme examines how eldest daughter roles were influenced more by gendered and cultural expectations than by birth order. Participants were often positioned as carers due to being female, highlighting how caregiving was assigned through intersecting norms of gender, race, and cultural duty.

Zenzi, for example, described how responsibility fell to her despite having an older sister:

"[She] decided that none of this was her responsibility." (Zenzi)

This reflects an unspoken selection process, where refusal by others led to the caregiving role being absorbed by the more compliant or expected party, typically the girl. The absence of

explicit delegation highlights how cultural scripts surrounding femininity quietly governed household roles.

Kamaria recalled being told directly that her gender and birth position necessitated responsibility:

"You're a girl, you're the oldest girl, you need to be able to do these things… run your household." (Kamaria)

Domestic responsibility was a marker of identity, with the phrase "run your household" capturing a powerful transfer of adult roles. Framed as a moral obligation, it reflected a form of gendered socialisation where womanhood became synonymous with responsibility, and competence was measured by one's ability to manage and serve.

Zenzi also noted that such responsibilities applied to all girls, regardless of age, suggesting a family-wide gender hierarchy. Nyah deepened this point by articulating the intersectional nature of her burden:

"You're parentified… and then you're a Black female […] always being the helper." (Nyah)

Nyah's use of *"always"* and *"helper"* highlights the inevitability of this role. Her identity as a Black girl was not separate from her caregiving role; instead, it was fused with it, reinforcing the internalisation of emotional labour as both natural and expected.

Ama questioned why her father leaned on her instead of her older brother, offering insight into gendered relational dynamics:

"Maybe it was a sense of embarrassment… 'cause he's a man." (Ama)

Her reflection suggests that cultural scripts around masculinity may have prevented her father from appearing vulnerable to his son, but not his daughter. This created a relational double

standard in which daughters became emotional containers, while sons remained protected from care roles, reproducing patriarchal hierarchies within the home.

Imani spoke about how family structure and culture reinforced her caregiving identity:

"An older daughter is the help." (Imani)

The bluntness of this statement reveals how naturalised these roles had become. Rather than resisting the role, Imani frames it as an unavoidable conclusion, shaped by both single motherhood and cultural norms that positioned daughters as default co-parents.

Zola developed this idea by reframing the African proverb "it takes a village":

"What we then do is… the village includes the eldest child." (Zola)

Her commentary reveals how the absence of wider community support leads to children, particularly girls, being absorbed into adult systems of care. What was once communal becomes individualised, with the eldest daughter taking on the function of the village. Zola later reflected on the cost:

"Sacrificing your own goals for the needs of the family."

Sacrifice here is not temporary; it shapes lifelong identity formation, where personal ambition is secondary to familial duty. Kamaria and Asha echoed this normalisation, describing the experience as *"common"* and *"shared,"* suggesting intergenerational continuity of these roles among Black families. Yet this shared nature also created tension. What was common was not always benign.

Finally, Kamaria reflected on how early responsibility reshaped her relationship to joy:

"Don't get used to having fun… when you grow up, you will not be able to do that." (Kamaria)

Her words speak to a premature resignation to struggle. The message that adulthood, particularly Black womanhood, is about endurance rather than enjoyment, reveals how participants were trained to expect labour and forego pleasure. This not only constrained their sense of self but also distorted their expectations of the future.

The subtheme reveals how eldest daughters internalised a role crafted through a convergence of cultural, familial, and racialised narratives to support the family.

1.3 When Caregiving Becomes Self-Validation

This subtheme examines how early caregiving roles became integral to participants' sense of self-worth. Care was not just a behaviour but a way of being, blurring the line between self and function. Across accounts, participants often felt valued only when helping others, seeing themselves through the lens of caregiving.

Zola offered a striking articulation of this dynamic. She described an identity so deeply shaped by giving that her sense of self felt contingent on others' needs:

"I suppose I'm more giving as a person, and I struggled to find my identity outside of other people or outside of my role to other people." (Zola)

The repetition of *"outside"* suggests a deep-rooted entanglement. Her selfhood was not formed in isolation, but forged around others' demands. The struggle she names is not just about boundaries, but about existence beyond usefulness. A long pause followed this reflection in the interview, which signalled the emotional weight of confronting that realisation.

She later continued:

"It really kind of eroded my sense of self because I felt like I wasn't valuable to anybody if I'm not serving anybody." (Zola)

The word *"eroded"* captures the slow, imperceptible cost of this role. Her worth was not diminished by a single moment, but rather by a chronic overidentification with care, where value was externally sourced and performance-based. For Zola, to stop serving was to risk invisibility.

Ama echoed this theme but expanded it to a collective experience:

"We're not valued as an individual, [we're] valued for like what we can do for other people, I feel like. Which is really sad." (Ama)

The use of *"we"* suggests that this dynamic extended beyond her, reflecting culturally embedded expectations about Black women's relational roles. Her sadness reveals an emotional rupture. Being valued for output rather than personhood left a gap between being needed and known.

Zenzi spoke of the emotional positioning that came with being the helper. She described tying her well-being to others':

"I think I can only be happy and fine if everybody else is… I can't deal with me yet because that person's not happy." (Zenzi)

Her use of "yet" implies a chronic deferral of self, where her needs were postponed indefinitely. This was not simply selflessness; it reflected an internalised order of priority that placed others first as a way of maintaining emotional stability. She also expressed discomfort when others tried to take on the helper role:

"I may be resistant to the idea that the other person is the helper, because that's my job… you want to help me do this. But I know what you're going to try and help me with, so I want to help myself." (Zenzi)

Calling caregiving a "job" conveys how role and identity have become fused. The helper role was no longer a function. It was a position she occupied and guarded. Her resistance suggests that accepting care challenged her internal logic. If she was not the one helping, then who was she?

Asha's account added further complexity. She described an identity shaped not only around being helpful, but being quietly and resiliently helpful:

"The need to be kind of like strong and independent, very much so. But also being someone who's quiet… feeling that I need to care for others." (Asha)

Her words speak to invisible endurance. The expectation to care without complaint became part of her sense of self. Caregiving was not only relational but performative, tied to ideals of strength, stoicism, and emotional control. Later, Asha linked her path into psychology to this dynamic:

"It's a no brainer that I end up in this area… I think I wanted to understand my father better… my mother… and my life experiences." (Asha)

Her narrative reveals how care became a pathway for self-exploration as much as a means of service. It blurred *the line between healing and helping. Her tentative phrasing, "I think… maybe…"* reflects the fragile nature of this insight as it emerged.

Zola also spoke to the merging of personal and PIs, noting that her role as a psychologist mirrored who she was outside work:

"I personally don't see the two being separate… I feel like I'm a psychologist just in the way that I am in life." (Zola)

Her reflection captures the permeability between profession and personhood, shaped by a lifetime of caregiving. While this merging carried pride, it also reinforced the absence of boundaries. Her ability to care professionally was built on the same foundation that left her personally exposed.

Together, these accounts reveal that for the participants, caregiving became a central part of their identity. Caregiving offered validation and purpose, but often at the cost of self-acknowledgement. In the absence of early emotional mirroring, being useful became a proxy for being loved, shaping both who they became and how they related to others.

GET 2: Career as Continuation -Work That Mirrors the Wound

Participants described their professional journeys not as deliberate choices, but as seamless extensions of their early caregiving roles. The drive to care, protect, and intuit others' needs was not newly acquired but deepened and refined through clinical training. Professional identities were, in many ways, a formalisation of roles that had long been embodied.

2.1 The Cost of Being the Good Girl

This subtheme captures how participants internalised the need to be high-achieving, compliant, and emotionally self-contained. Being the 'good girl' was both expected and encouraged, particularly amid family hardship. Success became a means of reducing burden, maintaining stability, and gaining approval. Goodness, defined as actions that sustain social cooperation through reputation-based systems (Ohtsuki & Iwasa, 2004), was often

demonstrated through self-sacrifice. Class-based expectations, heightened responsibility, and early survival roles shaped this drive.

Kamaria reflected on how her academic drive was shaped by an unspoken need to protect her mother from further stress:

"one of the ways I wanted to try and make things better in my own small way […] you know, do well at school […] Make sure you're getting straight A's. It made me throw myself into my work more academically at a young age, because at least then that wasn't something she would need to worry about." (Kamaria)

Her words carry a responsibility, *"In my own small way"* reveals both the limitations and emotional weight of her contribution. Academic achievement was not just about ambition but a way to regulate chaos, to be the child who didn't cause more pain.

Zenzi also described education as her only route to safety, personally, financially and relationally: *"Honestly, I saw education as the only way out and the only way through… to get paid."*

Her repetition of "only way" reflects a sense of limited options. Her desire to earn a good wage and help her mother access better care suggests that professional success was not her ultimate goal, but rather a means to serve something larger: the whole family unit.

Imani, too, described career decisions not as individual aspirations but as family calculations: *"Loads of people said I would have been a great nurse […] but that paycheck is not going to bridge the gap… between the life that I want to live and the life that we're in."*

Imani's account reveals an implicit hierarchy within the caring professions. Nursing, though acknowledged as worthwhile, is subtly positioned as inadequate for what she needed, not just financially, but in terms of personal fulfilment and impact. Her use of *"we're in"* signals that her

decision to pursue psychology was shaped by collective responsibility, where the role had to offer more than care; it had to carry weight.

Mirembe offered a slightly different lens, emphasising the role of class and structural hardship over racial identity. She framed parentification as a product of socioeconomic strain rather than culture alone:

"For 11/12 year-olds to be looking after the younger siblings […] I don't think it's necessarily a Race thing. But I do think that there are societal, economic, political, even factors […] So if my parents weren't migrants… and mum didn't have to work three jobs, I probably wouldn't have had to do as much." (Mirembe)

Her reflection situates over-responsibility within a context of migration, precarity, and labour demands. The good girl identity, in this sense, was not only internalised but imposed by necessity, a survival response to structural absence.

The 'good girl' script extended far beyond childhood. Ama spoke of how her difficulty advocating for herself was linked to rules she had internalised:

"I wouldn't advocate for myself… I don't think it was a conscious people pleasing. I would just do anything they asked me to do." (Ama)

Her reflection reveals how compliance at work became a default, even when her own needs were compromised. "Not conscious" implies that the drive to accommodate others was deeply ingrained and no longer felt like a conscious choice.

Imani echoed this tension, describing how she muted herself in supervision to avoid discomfort of others:

"I will miss out things that maybe I do need help on […] trying to not upset them."

Avoiding conflict became a way to stay virtuous, even at the cost of learning or receiving support. The fear of being seen as difficult reveals how deeply the identity of being good, agreeable, contained, and grateful shapes professional behaviours.

Kamaria brought a more explicit psychological lens to this pattern, reflecting on her lived experience through the framework of Compassion Focused Therapy:

"Are [Black women] always in drive… striving to be the best and push yourself forward at the expense of yourself?" (Kamaria)

Her question exposes a painful paradox. The same traits that enabled them to excel through drive, discipline, and self-sacrifice were also barriers to rest, self-compassion, and emotional safety. In their attempts to be contained, participants risked losing access to the parts of themselves that needed care.

For some, clinical psychology was a continuation of earlier roles; being the 'hardworking, eldest girl' made them well-suited to the profession's demands. As Imani shared,

"An oldest daughter on the doctorate is the best friend. I never complain." (Imani)

There is pride in her words, but also something haunting. The ideal trainee, diligent, quiet, and self-sufficient, mirrored the perfect daughter, and while the roles had shifted, the emotional demands remained the same. Across accounts, success was less about self-fulfilment and more about protecting others, the family, and oneself. The good girl kept everything functioning, but often had to silence herself. In the absence of early validation, participants found safety through competence and emotional containment, patterns later reinforced by work environments that reward compliance, restraint, and self-sacrifice.

2.2 Becoming What Was Missing

This subtheme explores how clinical psychology has evolved into a reparative space, enabling participants to provide care, understanding, and advocacy that were previously lacking in their own lives. Their work often reflected an unconscious attempt to return to unmet needs, not just by helping others, but becoming the person, they once needed themselves.

Imani reflected on how her role in psychology was shaped by a deep identification with her younger self:

"I just think when I was growing up and wanting to see, this role was very much like a saving myself, kind of or saving children that are like me." (Imani)

Her reference to "children that are like me" suggests that clinical work became a vehicle for recognising and reaching versions of herself who once went unseen. Rather than a detached PI, her motivation was rooted in proximity to unmet needs, and familiar stories.

Becoming a psychologist was a return to the relational gaps of her childhood, with the hope of offering what she once needed. This entanglement of personal and professional meaning later surfaced in relation to her cultural identity:

"I do really want to help my Caribbeans. I just feel like we're such a left behind community now." (Imani)

Here, repair was both personal and culturally anchored. Her clinical work became a response to the perceived cultural abandonment of Caribbean communities in the UK, driven by a sense of duty to uplift and advocate for a group she felt had been overlooked.

Nyah echoed this, framing psychology as a way of healing self and others through understanding, a way to make sense of confusion in her internal and external world:

"Trying to make sense of myself, make sense of other people […] because I was like, I don't really understand this." (Nyah)

Her fragmented phrasing mirrors her emotional experience, a deep desire to understand, emerging from a felt sense of disorganisation or absence. For her, knowledge closed a gap.

Zenzi was pulled towards working with marginalised clients. She described an intuitive draw to lived experiences that resembled her own:

"I'm drawn to working with clients […] who've experienced racial trauma." (Zenzi)

The word *"drawn"* signals more than interest; it conveys an embodied pull towards this work. Her therapeutic focus was shaped by the unhealed parts of her own story and her desire to help others overcome them.

Zola named this reparative role explicitly. She described bringing her 'big sister' identity into her clinical work:

"If I'm working with my younger clients, I can really step into that big sis protective [mode]." (Zola)

What was once involuntary became intentional. By naming and reclaiming the 'big sis' role, Zola created a bridge between past and present, but the proximity of this role to her lived experience also raised questions about boundaries and enactment.

For the participants, becoming a clinical psychologist began as a way to understand family dysfunction, particularly concerning fathers. Ama described this realisation with a mix of frustration and insight:

"I think it is rooted in my dad to be honest. Which is quite annoying […] I dedicate so much time to this [career] just to realise that this was rooted in something else." (Ama)

In her reflection, there was an acknowledgement that personal pain shaped professional direction, even if the original intention wasn't fully conscious. Asha similarly connected her clinical interest with a search for understanding her experiences:

"I think I wanted to understand my father better […] and my life experiences." (Asha)

For both, becoming a clinical psychologist was as much about healing their relationships as it was about developing a PI. The therapeutic space became a mirror.

Nyah offered a related reflection, describing how clinical skills became a way of resourcing her family:

"I would learn skills and tools and techniques, and then when I learn them then I would try and use them and share them [with family]." (Nyah).

Her comment reveals how caregiving remained embedded in her development as a clinician. Knowledge acquisition was used for familial support, extending the tools of therapy back to the systems she came from. Here, psychology was a profession and a continuation of care.

Asha spoke of using her work to confront cultural silence around the Strong Black Woman identity:

"Noticing that black women are not coming through […] what's that about? And that's the identity of a strong black woman. So I think I probably sometimes do things in my work life to kind of work through my own stuff because […] I guess I'm just talking about the strong black woman and doing a lot of work around supporting staff to, you know, work with that avoidance or work with that presentation. Understand it. But yeah." (Asha)

Her reference to “work through my own stuff” points to clinical practice as a site of personal engagement, not avoidance. Helping others understand the emotional lives of Black women became part of her restoration.

Kamaria reflected on her tendency to overwork and her wish to interrupt that cycle for others:

“You know, I'm I have a bad habit of working late… I am keen for people to perhaps learn from my mistakes. […] *If these are things that perhaps I struggle with, how can I foster that in other people so that they don't necessarily have to struggle with it?”* (Kamaria)

Kamaria’s language is cautious but deliberate. By guiding others toward healthier patterns, she extends compassion not only to colleagues but to the over-functioning younger self who had no model for rest.

Across accounts, psychology represented more than a career; it became a container for loss, identity, and healing. Participants were drawn to the profession to support others, but also to become the safety, insight, and care they once lacked for their clients, communities, and younger selves. Their clinical identity was shaped by early caregiving and served as a way to re-author unmet emotional needs through the act of helping and healing.

2.3 Clinical Instincts Born from Survival

This subtheme examines how participants’ therapeutic instincts were not solely cultivated through training, but rather emerged from childhood, where vigilance, containment, and caregiving were essential for survival. Across accounts, clinical strengths such as emotional attunement, patience, and sensitivity were rooted in early relational dynamics marked by unpredictability, fear, or responsibility. These traits, though often celebrated in professional contexts, were shaped by adaptation and came at a personal cost.

Nyah offered a striking link between her clinical sensitivity and the demands of early caregiving:

"That attunement to people came from a survival mechanism, not just of my own survival, but the survival of my mum and my brother." (Nyah)

This was not empathy as a chosen value, but relational hypervigilance formed through necessity. Her ability to track others' needs was born in a system where survival was shared and responsibility was distributed downward.

Asha echoed this, describing her emotional responses as automatic, shaped by embodied fear rather than reflective intention:

"My automatic is to do these behaviours that might be more linked to […] fight or flight responses… Very aware, particularly of like nonverbal […] my dad very much being someone around… danger." (Asha)

She linked her sensitivity to non-verbal cues to her father's volatile presence, revealing that what is read clinically as attunement was a longstanding trauma response.

Zola described a pattern of placing others first, shaped by years of self-silencing embedded in her PI:

"That's the coping mechanism, just not putting myself first […] putting others' first… silencing my voice." (Zola)

Zola listed values like patience, responsibility, and emotional regulation as core parts of her clinical persona, but framed them not as taught skills, rather as survival traits.

Mirembe traced her clinical values to family models of care: *"Compassion… I didn't learn that in training […] that came from the experiences I had growing up, seeing my mum, my grandmum..."*

While compassion was framed as a cultural inheritance, it also extended into her team dynamics. She described herself as the one *"carrying others along,"* revealing how caretaking expanded beyond clients to colleagues, a continuation of childhood roles, rather than a conscious professional boundary.

Kamaria offered a different perspective, describing childhood caregiving as being shaped more by the fear of punishment than by altruism: *"I think I was more worried that I would do something wrong and get into trouble."*

Her insight revealed that compliance and perfectionism developed as strategies to avoid conflict, later aligning with professional norms that reward over-functioning and emotional restraint. In clinical settings, this manifested as a reluctance to appear unprepared or emotionally exposed.

Ama's experience pointed to how these adaptations made trust difficult:

"I found it really hard to discuss [sensitive topics] […] trust was really hard for me to build up with people." (Ama)

She linked this to cultural values around secrecy and shame:

"We don't bring shame on the family like that […] it was that conflict." (Ama)

This tension between vulnerability and protection persisted in professional spaces, manifesting as emotional withholding, even in supervision.

Participants described their clinical instincts as intuitive and emotionally attuned, rooted in early adaptation to emotional burden. While their capacity to hold others was strong, it often blurred boundaries and reinforced over-functioning. The ongoing challenge was learning to separate professional care from survival-driven habits and to include themselves in the compassion they offered others.

GET 3: Truth as Practice – Advocacy and Authenticity

This theme explores how participants drew on their lived experiences, particularly of parentification and marginalisation, as foundations for relational depth, cultural advocacy, and ethical clarity. Clinical practice was not experienced as neutral but as a space where personal identity, survival, and resistance converged. Authenticity appeared as a necessary act of integrity. For these participants, being in the profession was both a contribution and a challenge to the systems they had long navigated.

3.1 Being Real in Unreal Spaces

Participants described clinical environments that often felt emotionally sterile or systemically unsafe. Within these contexts, being "real" was both a grounding practice and a deliberate refusal to assimilate. Their commitment to authenticity often stemmed from childhood experiences of being silenced, overlooked, or responsible for others. Staying connected to their truths became a way to reclaim voice and rehumanise therapeutic work.

The participants explained how early caregiving roles were carried into their clinical practice as a deep commitment to advocacy. Zenzi shared how her clinical role was shaped by a powerful sense of duty, which at times conflicted with the profession's norms:

"I will bend over backwards to help somebody and sometimes people go, 'oh, you take on too much in your work because of this… I will spend however long on the phone to the Council…" (Zenzi)

Zenzi's words point to more than advocacy. They suggest an internalised drive where going the extra mile became synonymous with care, loyalty, and protection. Her frustration with the profession's inauthenticity revealed a deeper tension between her values and what she felt the system demanded:

"I think our profession is so fake and false." (Zenzi)

This tension between her values and the emotional detachment she perceived in the field sharpened her desire to remain authentic in both practice and presence.

Ama also described being drawn to clients whom others often avoided, linking her drive to an ingrained sense of justice. Yet, when it came to herself, she remained quiet:

"I always had a really strong sense of justice, but like speaking out for my own needs, I found really hard…" (Ama)

This asymmetry between external advocacy and internal suppression speaks to longstanding strategies, where prioritising others' wellbeing was reinforced and rewarded, and personal needs muted.

Asha described her refusal to conform to traditional expectations as central to her PI identity:

"I'm not afraid of rocking the boat… I'm not the typical kind of clinical psychologist." (Asha)

Her resistance was not about provocation but about maintaining congruence between her values and her work. Her authenticity served as a corrective to the silence she witnessed in systems that often prioritised comfort over truth.

Nyah framed her clinical practice in spiritual terms, aligning it with intentional service:

"[I] meditate on the idea of a bodhisattva […] actually now that I have these skills and abilities, I'm going to stay here so I can help other people." (Nyah)

A bodhisattva, in Buddhist tradition, is someone who chooses to remain in the world to alleviate the suffering of others, even after attaining insight or liberation. Her language reflects a relational ethic, where remaining in emotionally demanding spaces became an act of commitment. For her, therapeutic work became about fulfilling a sense of higher responsibility rooted in endurance and transformation.

Imani's commitment to clients reflected a similar emotional pull:

"I'm happy to write any letter for people's PIPs… don't worry, I've got you (Imani)

This brief statement carried weight. It signalled not only advocacy, but containment and loyalty, echoing the protective roles she had long occupied. Her assurance offered more than clinical support; it reflected an identity shaped through emotionally and practically holding others.

Mirembe reflected on how difficult it was to embody her whole self during training, especially as a Black woman:

"It was difficult to feel like I can truly be my authentic self…" (Mirembe)

Her critique of neutrality emerged over time, shaped by disillusionment with a model that did not account for social context and difference:

"I know that's a bit of an illusion… there is no such thing as objective neutrality." (Mirembe)

Her insight reframes authenticity as a necessary correction to the myth of neutrality, particularly for those who have been marginalised or misread.

Humour also emerged as a recurring thread across accounts not only as a clinical tool, but as a survival strategy. It allowed participants to stay present with emotional pain without becoming overwhelmed, thereby softening the work while simultaneously protecting themselves.

Ama described it as a coping mechanism rooted in suffering: *"It's the people that's been through the most shit that are the funniest… if you don't laugh, like you'll kill yourself basically (laughs)." (Ama)*

This dark humour carried layered meaning. Laughter became both release and resistance, a way to deflect despair while simultaneously acknowledging it. Ama's humour was not avoidance but transformation, turning pain into something bearable and, crucially, shareable. The tension she captured between humour and hopelessness reflects how survival often hides in plain sight.

She later added that humour made her more accessible in the therapy room: *"My sense of humour has definitely helped… just being like more normal." (Ama)*

For her, being relatable was part of therapeutic authenticity. Humour humanised her, closing the emotional gap between practitioner and client. It was a way to build trust while keeping the emotional weight manageable.

Asha similarly linked humour to survival and connection, drawing a line between her clinical style and early family dynamics:

"Bringing humour to my practice in those dark times is really important… even though things were very difficult at home… my mum was able to be very humorous." (Asha)

Here, humour was framed as an inherited strategy, not a distraction from pain but a bridge to emotional truth. Her practice of using humour became a continuation of familial resilience a way of holding complexity without shutting down.

Across accounts, humour, authenticity, and advocacy were central to how participants navigated systems, built client relationships, and protected their emotional wellbeing. What began as "showing up" defined as being there for others, through early caregiving, evolved into "showing up" as themselves in clinical spaces. These skills became core professional

tools, challenging dominant norms and redefining therapeutic presence through the lens of lived experience.

3.2 Lived Experience as Clinical Compass

Participants reframed their lived experiences, particularly those related to parentification, race, and emotional responsibility, as sources of clinical wisdom rather than deficits. Their capacity to hold complexity, remain present with distress, and notice what goes unsaid was deeply rooted in childhood caregiving. What once felt burdensome had, over time, become foundational to their therapeutic stance.

Nyah reflected on how rising to emotional demands became an embodied pattern across multiple roles:

"Being parentified, you're seeing a void and you rise […] being a Black woman, again you have to rise to the occasion." (Nyah)

Her repetition of *"rise"* reveals a life shaped by expectation, pressure, and response. She noticed how survival instincts now informed her presence as a clinician. These weren't qualities she adopted for therapy, but those she had carried into the room from the beginning.

Zola echoed this, describing her comfort with emotional difficulty as something learned, not taught:

"I had to sit in a lot of difficulty growing up, and I'm able to now do that with other people." (Zola)

Her use of “sit” speaks to stillness and containment, skills honed in early life. The emotional endurance she developed helped her stay with discomfort, a capacity that shaped her therapeutic presence more than theory did.

Nyah later described how her relational instinct became her core clinical skills:

“If all else fails, I know how to be with another person, And I can see how powerful that is because that’s what made the difference for me.” (Nyah)

This statement captures the heart of her approach: presence over protocol. Her blueprint was not a model from training, but a deep understanding shaped by what she once lacked. The relationship itself became the intervention.

Asha also grounded her practice in relational depth:

“Values, I think like social connectedness… I think relational practice is really important. […] being so aware of a lot of the damage that's done to people is through their early life experiences […] the healing truly is in those relationships.” (Asha)

For her, connection is both the wound and the repair. Her sensitivity to relational dynamics emerged not just from training but from living through rupture, making her attunement highly personal and precise.

Imani used humour to express how disappointments at work no longer unsettled her:

“That doesn’t faze me because I’m used to disappointment because I’m a mum. I’m not a mum. But do you get what I mean?” (Imani)

Her joking correction about not being a mum reveals how deeply internalised her caregiving identity is. She draws on emotional endurance cultivated through unmet expectations to now support others without feeling overwhelmed. The laughter softens, but does not erase, the truth beneath her resilience, which was learned before it was recognised as a clinical skill.

Ama highlighted communication as a key strength shaped by early responsibility:

"Communication has always been really big for me […] that definitely helps to build a good relationship." (Ama)

Again, this ease in building rapport stemmed from her early roles, which required her to listen, negotiate, and caretake across both emotional and practical needs. These relational skills seemed to be the core of the participants' clinical practice.

Participants consistently positioned relational connection as the core of their clinical identity, often prioritising it above adherence to therapeutic models or techniques. For Ama, relationship preceded intervention:

"I've been praised on […] my ability to build relationships with people… even before I kind of understood like the techniques and the practical stuff."

Her reflection highlights how therapeutic confidence was rooted not in training but in relational attunement developed before entering the profession.

Nyah similarly framed her practice around emotional resonance, viewing tools as secondary to presence: *"I see the tools as literally just that … tools. The end goal for me is that feeling… and I start off with myself."*

The emphasis on starting with herself reflects a relational ethic grounded in emotional availability. For Nyah, the therapist's presence is the intervention.

Zenzi took this further, articulating a conscious refusal to let models override the needs of the moment:

"I've been told that, you know, I'm not following the CBT manual the way I'm supposed to be. But ultimately… they just need someone to be with them… that is what I am going to do."

Her words reflect a values-based practice shaped by lived experience, where relational attunement takes precedence over compliance.

Across accounts, participants did not simply value connection; they chose it. Being with, rather than doing to, became a clinical stance rooted in early caregiving roles. Their histories were used as a compass, shaping attunement, judgement, and presence. Relational depth, once a survival strategy, was reframed as a clinical skill.

GET 4: The Weight of Strength, the Work of Letting Go

This theme explores how participants began to question long-held identities rooted in self-sacrifice, endurance, and silence. While many had been praised for their competence, composure, and care, these traits were personally experienced as burdens. Through clinical work and self-reflection, participants described a movement towards softening, an attempt to unlearn patterns of over-functioning and make space for rest, voice, and emotional ease.

4.1 The Burden of Carrying It All

There was strong convergence around the internalised pressure to over-function. Many participants described an ingrained instinct to absorb distress, anticipate others' needs, and exceed expectations. Yet, how they made sense of this pressure and what they chose to do with it varied across narratives.

Nyah recognised her perfectionism as unsustainable, but still felt trapped by it:

"I wish I didn't set the bar so damn high… but I can't help it… it comes from conditioning to over-excel." (Nyah)

Her reflection highlights the tension between insight and habit, naming the pattern but struggling to interrupt it. Over-performance remained tied to self-worth. Her drive to over-perform, while often rewarded in professional spaces, blurred the line between personal survival and professional standards.

Zola also spoke to this dynamic, but her reflections focused on its intergenerational roots, moving beyond personal habit to questioning the cost. She recognised how emotional suppression and "pushing through" led to her mother's isolation:

"It's allowed me to perpetuate unhelpful norms… seeing how my mum now doesn't have friends." (Zola)

For Zola, the cost was relational. She began to question whether being dependable had prevented her from being emotionally available to both others and herself.

Asha, meanwhile, described an automatic drive to do more, especially in times of uncertainty:

"[By] actively doing more… I'll be better. That's probably a pattern… and I really struggle with it." (Asha)

Unlike Zola, who was turning outward, Asha's process remained more internally focused. Doing more became her default regulation strategy, though it risked burnout.

There was also divergence in how participants positioned their emotional responsibility. Ama spoke of an over-developed sense of guilt, where even unrelated distress felt personal:

"Even if something bad happened to someone near me, I'd feel so bad… and everyone's like 'why?'" (Ama)

She recognised the pattern as problematic but remained caught in a “tussle” between empathy and emotional overreach in clinical work. Her struggle with boundaries reflected a deeper internalised logic: if she was not absorbing others’ pain, was she still doing enough?

Imani’s account brought in the racialised dimensions of silence and overwork. Raised with messages about obedience, especially around white authority figures, she shared:

“Stay there, work hard, shut your mouth… I was taught to not be as vocal to specific [white] people.” (Imani)

This early conditioning shaped by cultural parentification influenced how she navigated supervision and professional settings, often masking exhaustion and dismissing her own needs:

“They said, you need to be doing less… and I was like, what are you talking about?” (Imani)

Kamaria also offered a wider social lens, naming how overwork was normalised in both her cultural and professional environments: *“Pushing yourself into overwork… that being normalised.” (Kamaria)*

Her tone was more observational than conflicted. Rather than focusing on personal guilt, she highlighted how systems reward burnout under the guise of dedication.

Mirembe described the embodied struggle of slowing down. For her, rest did not feel like an option even when she knew it was needed:

“Why can’t I just stop? Why can’t I go off and be OK to do that?” (Mirembe)

A recent illness exposed the depth of this conflict as despite feeling unwell, she chose to go to work, citing concerns for the team and patients:

"I should've called off sick… but I was thinking about the assistant, the patients… so I just showed up." (Mirembe)

For Mirembe, showing up equalled care. The idea of stepping back triggered guilt; her conflict was not just physical but moral.

Across accounts, there was convergence in the emotional residue of early caregiving, which often shaped patterns of over-functioning woven into PI. Yet divergence emerged in how they responded to these roles; some resisted, questioning the systems, while others struggled to let go. Participants were working to unlearn survival scripts and make space for vulnerability, boundaries, and rest within their therapeutic selves.

4.2 Challenging the Strong Black Woman Schema

This subtheme explores how participants made sense of the SBWS shaped by histories of survival. This identity had been carried into clinical and professional spaces, where it was both rewarded and exploited. Many participants linked the schema to early parentification, where they were expected to care for others before they could care for themselves. While the SBWS once offered a sense of pride and protection, it increasingly felt isolating and incompatible with emotional well-being.

The SBWS operated as a double bind, making participants hyper-visible as competent, yet invisible in their needs. Their resistance was not simply personal and political. Zenzi offered one of the most unfiltered critiques, linking the SBWS to racial hostility experienced in clinical training:

"I'm tired, that's my relationship with it… rest as a form of resistance… hostility towards me being Black has been unhinged." (Zenzi)

Her words reflect an embodied exhaustion that extends beyond the personal. The expectation to remain composed in the face of racialised harm is read here not as professionalism, but as psychological harm. Rest, for Zenzi, became a radical intervention against a system that failed to protect her.

Zola reflected on how easily she once accepted the label, before recognising the costs embedded within it:

"It used to be a term that I endorsed very strongly […] *because I guess individually all of those words define who I am. I am strong. I am Black. I am a woman. And like I take pride in all of those things individually. As a term and its usage… It's been almost used to almost shut down."* (Zola)

Initially, she viewed strength, Blackness, and womanhood as affirming identities. Yet over time, she saw how the SBWS was used to justify neglect and silence suffering. Her rejection of this role marked a shift from internalisation to interrogation: *"I don't want to be strong if it means I get pushed to the front of the crap… used as a shield." (Zola)*

Strength, in this sense, was reconfigured not as virtue, but as labour extracted under the guise of resilience. Imani used humour to critique the schema, revealing a deep longing for rest and emotional lightness:

"I don't want to be strong. I want to be a Pilates Princess." (Imani)

Pilates, often seen as gentle but demanding, becomes a fitting metaphor here a slower, more intentional form of strength. For Imani, this represents a longing to cultivate resilience without carrying the crushing weight of over-responsibility. The familiarity of emotional burden had numbed her to its heaviness, making strength feel like strain.

"Your work obviously feels heavy, but you're used to carrying a heavy load anyway, […] we've been carrying heavy. So what? Like what difference is this? (Imani)

This rhetorical shrug revealed a disturbing normalisation of labour. Underneath her joke was the reality that over-responsibility had become indistinguishable from her identity.

Ama offered one of the clearest links between the SBWS and early caregiving:

"I hate it… I think it puts this pressure on … Black women. It creates this narrative that we're not human and that we have to bear more than the next person … but it also creates this narrative that we're by ourselves all the time. Part of the strong Black woman narrative is that you hold everything. And you carry everything and yeah, you bear the burden basically which is in essence what parentification does to a child." (Ama)

Her insight draws attention to the way structural myths are embodied in childhood and adulthood. For Ama, the schema robbed her of vulnerability before she had the language to express it. Her critique was not only of culture, but of systems that reproduce inequity through emotional expectations.

Kamaria observed how this narrative was beginning to shift in online spaces, particularly among younger Black women:

"That kind of soft life is being yearned for… we don't need to move to the next struggle." (Kamaria)

She framed this yearning as a form of cultural resistance. Softness was no longer seen as indulgent, but as survival. In this shift, Black women began to claim the right to rest, to slow down, and to exist outside of hustle culture.

Nyah offered a more compassionate reframing. Rather than discarding the schema, she chose to honour what it once made possible:

"I'm learning to view it with kinder eyes… as a creative adjustment." (Nyah)

She understood her strength as a protective adaptation, one that deserved to be acknowledged without being reinforced. Vulnerability, for Nyah, became an intentional stance:

"I'm able to stay soft in a world that wants to harden me…" (Nyah)

This softening was not retreat. It was resistance in a quieter form like a refusal to let racialised and gendered demands erode her humanity.

Zola returned to the theme of structural isolation:

"Self-care is really important. Nobody else is going to do it for us, and there's not enough of us in our space at the moment to be doing that and checking in with each other… particularly where I am, I am the only Black psychologist in this area until next month." (Zola)

Her words reflect the emotional toll of representation without support. Being the only one meant being both visible and alone, a position that the SBWS had long romanticised as leadership, but which participants increasingly named as unsustainable.

Across accounts, the SBWS was no longer seen as a badge of honour but as a burden. Participants recognised how it had silenced their needs and equated pain with strength. Through clinical work and reflection, they began to reclaim rest, vulnerability, and care. Learning to let go of these roles marked a shift in how participants saw themselves, not just as strong or capable, but as whole, human, and deserving of care. In choosing to be tender, tired, and honest, they redefined survival not as performance, but as consistent presence.

"And I think yeah just be kind to yourself and like remember that you've got an identity outside of helping other people and if you don't know what that is, find it." (Ama)

CHAPTER FIVE: DISCUSSION

Overview

This study explored how eight Black female clinical psychologists in the UK made sense of childhood parentification and how these early caregiving experiences shaped their PIs. Using Interpretative Phenomenological Analysis (IPA), the study revealed accounts of survival, strength, emotional burden, and transformation. Participants reflected on the ongoing negotiation between internalised responsibility and the pursuit of authenticity, rest, and relational depth.

Four Group experiential themes (GETs) emerged: "*Family ties "Holding it all together", "Career as Continuation - Work That Mirrors the Wound", "Truth as practice - Advocacy and Authenticity*" *and* "The Weight of Strength, the Work of Letting Go*".*

GET 1: Intergenerational Responsibility, Internalised Roles

In **1.1 Silent Expectations – "*The Responsible One",*** all participants described being parentified through implication rather than direct instruction, supporting Boszormenyi-Nagy & Spark (1973). These expectations were embedded in family dynamics. Participants recalled being identified as the "responsible one," and "third parent". This "role reversal" with their parent was shaped by necessity and emerged in the absence of available adult support (Nuttall & Valentino, 2019).

Participants recalled emotional and instrumental parentification during their childhood, often noting emotional parentification felt more burdensome and challenging. These findings support Hooper (2008) but also resonate with Black feminist critiques of emotional labour as both gendered and racialised, often falling disproportionately on Black girls from an early age (Collins, 2000; hooks, 1981). While instrumental tasks usually had a defined endpoint, emotional caregiving was ongoing and diffuse, placing children in the position of managing

adult emotions, providing reassurance, and maintaining family dynamics. Participants' accounts echoed this complexity, with many describing how such roles left little space for their own emotional needs. Consistent with previous research (Dariotis et al., 2023; Earley & Cushway, 2002), these experiences often led to emotional overwhelm, a sense of isolation, and the premature development of adult-like maturity.

These findings align with Everet alt et al (2016) and Lee and Haskins (2025), who found children in racialised families often assumed caregiving roles in response to structural and relational gaps. All participants in this study were eldest daughters, either by birth or through gendered socialisation. This dual conditioning into care and stoicism reflected broader cultural expectations placed on Black girls, who were frequently raised to be "strong" and self-sufficient (DuBois, 1999; Duryea, 2007; Mandara et al., 2005). Such expectations align with what Collins (2000) referred to as controlling images – pervasive stereotypes that cast Black girls as inherently resilient, emotionally contained, and responsible beyond their years.

In some cases, responsibility was presented as a gendered duty. **In 1.2 *The Making of the Eldest Daughter***, participants described how caregiving was not only expected but culturally encouraged. These narratives supported those of Abdel-Gwad (2023), Bah (2022), Blake and Epstein (2019), and Bowman (2023), who documented how eldest daughters, particularly in African and Caribbean families, were routinely positioned as surrogate caregivers to their parents and younger siblings. Chatterjee's (2024) concept of *"eldest daughter syndrome"* further supports this theme, showing how cultural and emotional labour are normalised and often expected, reinforcing the inherited responsibility for girls. Foner and Dreby's (2011) argument that girls are more likely to be parentified due to entrenched cultural norms was echoed across participants' narratives, reinforcing the normalisation of caregiving as an early, expected aspect of female identity.

From an evolutionary perspective, Hrdy (2011) suggests that eldest daughters often assumed caregiving roles as an adaptive mechanism that ensured family survival during times of stress.

This perspective resonated with participants' reflections, many of whom cared for younger siblings whilst remaining deeply devoted to the needs of their families. An instinct to ensure others' well-being often translated directly into clinical work, where emotional vigilance and containment became part of the therapeutic presence.

Over time, caregiving evolved from a duty into part of the participants' identities as seen in **1.3 When Caregiving Became Self-Validation**. Several participants spoke about the impossibility of separating themselves from the role, describing care as something "wired into" them. Such enmeshment often comes at a psychological cost, including impacts on self-worth (Wells & Jones, 1999). This theme closely aligned with Jurkovic (1997) and Wells and Jones (1999), who found that early parentification limits the development of autonomous selfhood, binding identity to responsibility.

Participants' narratives supported Maconochie's (2024) findings, demonstrating how parentified psychologists often internalised caregiving as a means of gaining validation, particularly in the absence of emotional recognition during childhood. Similarly, Leath et al (2023) argued that Black women were frequently socialised into narratives of strength, self-reliance, and composure, which were praised by others but often came at the cost of emotional authenticity.

Schuitemaker (2016) also found eldest daughters frequently internalised caregiving as central to their identity, which fostered traits such as empathy, fortitude, and leadership. These very traits served them well in their careers as clinical psychologists, blurring the line between personal and professional selves.

The decision to enter psychology was often framed as a continuation of existing roles, rather than a conventional career move. Participants described their clinical ambitions rooted in meaning-making, familial duty, and a desire to "make sense" of their experiences. These motivations closely aligned with Murphy and Halgin's (1995) three dimensions of vocational

pursuit among psychologists: vocational achievement, personal growth, and personal problem resolution. Participants' narratives supported the idea that their careers were fueled by a need for stability and purpose, but also by an inward-facing drive to understand the roles they had played and the emotional weight they had carried throughout their lives.

GET 2: Career as Continuation – Work That Mirrors the Wound

Participants described an internalised *'good girl'* identity early in life, defined by high achievement, compliance, and emotional control.

In **2.1 The Cost of Being the Good Girl**, participants' performance, while often rewarded by families and institutions, was developed in response to unspoken demands to maintain order and not add strain to an already burdened household. Several participants reflected on how *being "easy to manage"* or *"the one who causes no trouble"* protected them from conflict, but came at the cost of suppressing their own needs. This echoed Chung's (2016) finding that the 'good daughter' role functioned as a protective mask, concealing the authentic identities of immigrant daughters to meet familial and cultural expectations. These traits later manifested in professional life as perfectionism, people-pleasing, and difficulty asserting boundaries.

These accounts aligned with Walker (2024), who found in Black families, education and achievement were emphasised as both protective strategies and routes to social mobility. In this study, the pursuit of psychology was often framed as a means to uplift families, achieve financial stability, and break intergenerational 'curses'.

These findings also echoed previous literature on compensatory achievement among Black women from working-class or migrant backgrounds, where academic striving was used to make sense of early caregiving burdens (Everet alt et al., 2016; Gilford & Reynolds, 2011; Leath et al., 2023). Similarly, Gonzales (2024) noted that eldest children, often tasked with

significant family responsibilities, were labelled the “achieving child,” with higher academic expectations placed upon them.

This study supported Alexander (2023), who documented how parentification shaped early lessons in obedience, emotional suppression, and academic diligence in black women. These roles offered safety and self-worth but also reinforced chronic over-functioning and internalised pressure to perform.

Many participants described how these patterns followed them into clinical training, where they struggled to advocate for their needs or express vulnerability. Self-Silencing Theory (Jack & Dill, 1992) offers a helpful lens here, highlighting how women in caregiving roles often suppress their emotions to maintain harmony. This was evident in accounts of avoiding confrontation in supervision, ignoring burnout symptoms, or continuing to attend work while personally struggling. The drive to be the “good girl’ to “not be a burden” or “cause problems” led to habitual self-neglect, even in environments designed for personal development.

This tendency aligned with Gilbert’s (2010) Compassion-focused model, where participants had overactive drive systems and underdeveloped soothe systems. For many, identity was tied to doing rather than being. While this helped them persist in challenging clinical environments, it made it difficult for participants to rest or ask for help. Findings by Yew et al (2017) and Stein et al (2007), demonstrated the psychological cost of high -functioning identities grounded in early responsibility.

While external motivations such as financial stability or career advancement played a role, participants also described deeply personal and relational reasons for entering the field in -

2.2 Becoming What Was Missing Psychology became a way for participants to make sense of their past, reconnect with neglected parts of themselves, and offer others the care they had not received. Clinical work often centred on supporting clients with similar struggles, reflecting a dual purpose: to heal others while also addressing their own unmet emotional needs. For

many, the drive to become a psychologist was not just professional, but deeply personal - an act of self-repair through the repair of others.

As Imani put it, becoming a psychologist *felt "very much like a saving myself… or saving children that are like me."*

These findings support earlier research by Bowlby (1977), who hypothesised that caregiving roles may emerge as compensatory strategies for unmet early attachment needs. Similarly, Racusin et al (1981) found that many therapists had assumed caregiving responsibilities for their parents, a pattern seen in this study. Two participants explicitly linked their pursuit of psychology to a desire to understand their fathers better, illustrating how professional development was often intertwined with personal meaning-making.

While such motivations might traditionally be framed through the lens of the "wounded healer" (Cvetovac & Adame, 2017; Hamman, 2001), participants in this study appeared to reflect a more integrated perspective. Their accounts aligned more closely with what Cruciani et al (2024) described as the "healing healer" – a practitioner whose self-awareness and altruism coexist. This supports the idea that clinicians can transform their histories into a source of clinical wisdom, provided they are reflective, supported, and actively working towards developing healthier boundaries – even if these are not yet entirely in place.

Previous research by DiCaccavo (2002), Fussell and Bonney (1990), and Begni (2005) similarly explored how therapists with parentified backgrounds often entered the profession as part of a reparative journey. DiCaccavo (2006) highlighted the complexities that may arise when both therapist and client have experienced parentification, particularly the potential for over-identification or blurred emotional boundaries. However, unlike pathologising interpretations that cast this as ethically risky or narcissistically motivated (Miller, 2008; DiCaccavo, 2006), participants in this study did not view their motivations as problematic.

Clinical roles were approached with ethical integrity, reflexivity, and care. These narratives challenge deficit-based views, positioning lived experience as a foundation for culturally responsive and emotionally attuned practice. Skills like attunement and containment often stem from early caregiving rather than formal training.

Sub theme **2.3 Clinical Instincts Born from Survival** found that many described these qualities as automatic or embodied, developed in response to emotional unpredictability or family chaos. As one participant put it, her clinical sensitivity to non-verbal cues came not from textbooks, but from managing a parent's emotional instability. These insights support the idea that clinical intuition is often forged in early relationships. These instinctive relational strategies, developed through childhood parentification, became foundational to their clinical presence.

This echoed Boyd-Franklin's (1989) assertion that in many Black families, the responsibility for emotional caregiving is often delegated to children in times of crisis, not out of neglect, but as a culturally sanctioned form of survival and support.

This finding is consistent with Schorr and Goldner's (2023) study, which found that parentified children develop a heightened capacity for emotional responsiveness that extends beyond their developmental stage. In this study, participants described qualities that were core to their therapeutic stance, often referring to themselves as "*naturally empathic*" or "*always aware."*

Many credited their families, particularly mothers and grandmothers, as formative influences on how they behave in the therapy room. Salter and Rhodes (2018) argued that therapists do not simply learn techniques; they seek models that reflect their values and histories. This was echoed by one participant who said, "Compassion… I didn't learn that in training. It was taught by watching my mum and grandmum." Similarly, Rihacek et al (2012) and Vasco et al (1993) suggested that therapists gravitate toward modalities that fit their lived experiences. In this study, lived experience served as a clinical compass, grounding participants' work in cultural

insight and relationships. While these instincts enhanced therapeutic presence, they also carried risks such as blurred boundaries or chronic self-sacrifice.

GET 3: Truth as Practice - Advocacy and Authenticity

In subtheme ***3.1 Being Real in Unreal Spaces***, Participants described the emotional strain of navigating predominantly white, hierarchical clinical settings, where authenticity had to be actively negotiated. Echoing Hammonds et al (2023), authenticity was framed as a deliberate, ethical stance used to uphold personal integrity while resisting pressures to assimilate. It became both a personal commitment and professional responsibility in the face of microaggressions and tokenism.

Parentified children are often described as losing their sense of self, with identities shaped around meeting the needs of others (Chase, 1999; Minuchin, 1974). In adulthood, this can create conflict, particularly when internalised caregiving roles collide with dominant cultural or professional expectations (Hooper, 2007).

Yet the participants in this study offered a different narrative. Rather than suppressing their histories to fit into models of therapeutic neutrality, they found ways to incorporate their cultural backgrounds and lived experiences into the therapeutic space. Clinical practice was not about objectivity, but about connection, shaped by a deep awareness of supporting others. This echoed Watts' (1987), who found that individuals who viewed their cultural experiences as central to their identity were more likely to engage with psychology as a vehicle for social change, especially in response to the systemic marginalisation of Black communities. Ragavan (2018) further supports this, demonstrating that negotiating multiple identities, cultural, academic, professional can be a source of strength rather than a liability.

Several participants described the burden of being one of the only Black psychologists in their teams. Rather than retreat, they chose to remain visible, fully themselves, as a quiet act of resistance. This echoed broader patterns among Black professionals who reject dominant norms like “objectivity” in favour of advocacy and lived truth (Slay & Smith, 2011). Authenticity also included clinical humour, used to build trust and regulate emotion (Brooks et al., 2021).

Parentification also led participants toward advocacy. Participants felt unable to disengage from issues of injustice, particularly concerning Black clients. Llamas (2024) found that while anti-neoliberal attitudes predicted general advocacy among psychologists, they did not extend to specific issues, such as Black Lives Matter (BLM) or policing. In contrast, participants in this study could not detach from race-related matters. Advocacy was not a choice, and to stay silent, some suggested, would be to perpetuate the very harms they were trained to heal. Participants viewed their lived experience not as baggage to manage but as a way of relating to clients.

Subtheme **3.2 *Lived Experience as Clinical Compass*** highlighted that the boundary between personal and professional was not blurred, but integrated, allowing for a more attuned and culturally responsive way of practising (McNeil, 2010). Several participants described how their histories of marginalisation, emotional labour, and familial survival equipped them with a sensitivity and ability to tolerate clinical ambiguity whilst building “relational depth” (Mearns & Cooper, 2017).

Many reflected on how their presence in therapeutic spaces was deeply informed by early exposure to emotional complexity. The capacity to hold space for others, tune into shifts in affect, and remain grounded during emotional intensity was shaped by the strategies they developed as children. This finding aligns with Jurkovic’s (1997) research, which suggests that parentified individuals who achieve psychological differentiation often display strong empathic and imaginative capacities in adulthood.

These reflections also resonated with Comas-Díaz (2011), who argued that culturally responsive care depends on a clinician's ability to draw from lived, embodied understanding rather than abstract cultural competency. Participants in this study used their own experiences of racialisation, silence, and care to create safer, more empathic spaces for clients, particularly for those who had also felt unseen or misunderstood in therapeutic contexts.

This capacity to tune into others and respond authentically also echoes Heidegger's (1962) concept of *Being-with* (*Mitsein*), in which human existence is always already relational. Heidegger proposed that we do not exist in isolation but are fundamentally embedded in a shared world with others. The participants' reflections illustrated this deeply rooted truth. Their early experiences of caregiving shaped not only their PIs but also how they related to others in therapy. Participants' way of "being-with" clients demonstrated relationality was not an added layer to therapy, but a foundational mode of existence.

Across accounts, lived experience was framed as a form of wisdom. All participants valued the therapeutic relationship and expressed a strong capacity to sit with emotional "messiness" and connect across difference, despite their past. This finding supports Hayes' (2002) idea of "*empathic duplication"*, where personal history enhances therapeutic presence and invites clients into a more authentic relational space.

Participants often prioritised the therapeutic relationship over techniques, viewing themselves as the primary tool in the room. While CBT offered a sound foundation during training, many later gravitated towards approaches that centred the therapist's personal presence and interpersonal awareness (Salter & Rhodes, 2018).

This theme illustrated how the personal and professional were not mutually exclusive in the lives of these psychologists. Clinical presence, shaped by lived experience, reflected a *being-with* orientation, which honoured their histories while creating space for others to be seen, felt, and understood.

GET 4: The Weight of Strength, the Work of Letting Go

Subtheme **4.1 The Burden of Carrying It All** showed despite increased insight into how early caregiving shaped their behaviour, many found it difficult to let go of the emotional baggage associated with those experiences. The instinct to over-function, absorb pressure, anticipate needs, and manage others' emotions became a defining feature of their PI.

Participants acknowledged unrelenting standards *"over-excel, over-extend"* even while recognising the harm this caused. This finding supported Kaeding et al (2017), who found that the "Unrelenting Standards" schema significantly predicted burnout in psychology trainees. Similarly, Levine (2018) noted self-sacrifice and suppression of personal needs among this group led to long-term dissatisfaction and emotional exhaustion.

Participants described persistent challenges with boundaries and rest. Some felt guilt when others were in distress, while others struggled to justify taking breaks or prioritising themselves. This mirrored findings from van Parys et al (2015), who observed parent-focused emotional caregiving led to the perception that one's own emotions were burdensome, contributing to long-term self-silencing and difficulty asking for help.

Participants described blurred boundaries in their professional roles, often driven by unmet childhood needs and a compulsion to "rescue" clients, junior staff and supervisees. This supports Jones and Wells' (1996) findings on chronic people-pleasing in parentified individuals, highlighting how internalised caregiving scripts shape relational dynamics. These findings further support DiCaccavo's (2006) observation that counselling psychologists with histories of parentification may be especially vulnerable to over-involvement when working with others who evoke familiar caregiving dynamics.

Patterns of emotional restraint, chronic overworking, and self-containment emerged as deeply ingrained habits shaped by familial conditioning and inherited generational modelling. These findings echo Schuitemaker (2016), who found eldest daughters often experience elevated anxiety due to the strain of managing multiple roles. Additionally, research by Ben-Porat and Itzhaky (2015) and D'Souza et al. (2011) linked personal history and gendered expectations to higher rates of burnout among psychologists. Maladaptive perfectionism was also seen amongst the participants, which has been associated with lower levels of self-compassion and self-care, further exacerbating psychological distress (Liao et al, 2020).

This tension between caring for others and neglecting the self - echoed findings by Ko and Lee (2021), who found that counsellors with low self-care and high other-care reported the highest burnout and life deterioration. Similarly, participants in this study consistently prioritised others' needs at the expense of their well-being. This adds to the literature by illustrating how culturally reinforced and professionally rewarded caregiving behaviours led to chronic self-neglect and emotional exhaustion.

For some, overworking had become so internalised that it no longer registered as excessive, further blurring the line between productivity and self-neglect (Castro et al., 2004; Gilford & Reynolds, 2011). This study highlighted unresolved patterns of parentification were rewarded and reinforced in training and practice. The task, then, was recognising these habits and learning to redefine professionalism in ways that supported care without requiring self-erasure.

For many participants, parentification became entangled with the SBWS, reinforcing internalised narratives of self-sacrifice, emotional restraint, and hyper-competence. This form of self-silencing echoes what hooks (1981) described as the survival-driven performance of composure expected of Black women navigating racialised and patriarchal systems.

In the final subtheme, **4.2 Challenging the Strong Black Woman Schema**, participants spoke candidly about the weight of the SBWS. While some found temporary strength in this

identity, many described it as a constraint rather than a choice. These reflections aligned with Watson-Singleton et al (2024), who highlighted the SBWS as a double-edged sword: while it can foster resilience and success, it is also linked to emotional suppression and psychological distress.

Paradoxically, the participants embodied the SWS a broader, internalised framework that included an obligation to suppress emotions, maintain a façade of strength, prioritise others despite personal cost, and achieve despite limited resources (Woods-Giscombé, 2010). Black women may unconsciously identify with the SWS or SBWS (Leath et al., 2023), reflecting both the internalisation of early caregiving roles and the external pressures of societal expectations. This identity can partly stem from parentification, where strength and self-sacrifice become ingrained as measures of worth.

While historically used as a survival strategy, participants' accounts increasingly questioned whether it continued to serve them, particularly as middle-class professionals. Recent findings from Erving et al (2024) supported this. Their study found SWS traits, particularly the "obligation to help others", were associated with worse self-rated health among higher-income Black women. In contrast, these same traits predicted better outcomes for women with lower incomes, suggesting the SWS may lose its protective value as socioeconomic status changes. For the psychologists in this study, the strategies that once supported survival now felt misaligned with their evolving needs. These findings support earlier research on the SBWS and SWS (Simon, 2024; Parks & Hayman, 2024), which link internalised strength narratives to perfectionism, burnout, and avoidance of help-seeking. However, they also show a shift: participants began to view over-functioning not as a badge of honour, but as a burden they could release. In contrast to studies that focus on the cost of these schemas, this theme suggests a redefinition of strength. This contribution to the literature demonstrates how rest, emotional honesty, and self-compassion can serve as acts of resistance, facilitating a more sustainable and authentic clinical practice.

Implications

This study reinforces the implications outlined in Chapter 2, but the lived experiences of BFCPs offer additional, practice-based considerations. The findings highlight the need for more reflective, identity-informed, and structurally responsive approaches across clinical training, supervision, practice, and policy for BFCPs who are shaped by early caregiving, cultural expectations, and high-functioning identities that often go unseen. Targeted and tailored support is essential. The recommendations that follow address both individual and systemic levels.

Parentified Clinical Psychologists

Recognising the unique experiences of psychologists who have been parentified is essential for the profession. While early caregiving roles may foster clinical skills such as empathy, responsibility, and resilience, they can also lead to over-responsibility, blurred boundaries, and prioritising others' needs over one's own. In professional life, these patterns increase vulnerability to burnout, compassion fatigue, over-investment in client outcomes, and difficulty disengaging from work (Jurkovic, 1997). Parentified psychologists may be more susceptible to over-identification with clients who share similar histories, which can affect objectivity and therapeutic balance (DiCaccavo, 2006). Without conscious strategies for self-care and clear professional boundaries, coping mechanisms that supported survival can become maladaptive in clinical practice.

Parentified clinicians although clinically strong, are often "involuntary therapists" (Waldrip, 1993), entering the field not solely as a career choice but as a continuation of family scripting and early caregiving roles. For some, therapy is not perceived as "just a job" but as a deeply

ingrained way of being. It is important to remind these practitioners that therapy is a professional role, and that clients hold equal responsibility for their recovery.

Other ways of preventing burnout include prioritising a healthy balance of personal wellbeing through physical exercise, maintaining balance between work, personal life, and play, and engaging in restorative hobbies. Diversifying professional activities (e.g., teaching, supervision, research, or writing) can also help alleviate the emotional demands of therapy, offering alternative sources of fulfilment (Jurkovic, 1997). This is not about pathologising lived experience, but about ensuring these strengths are balanced with practices that promote sustainability, wellbeing, and ethical engagement in the work.

Clinicians are also encouraged to engage in their own personal therapy as well as incorporate their lived experience into continuing professional development (CPD). This could include reflective writing, lived experience panels, or identity-focused CPD sessions.

Clinical Practice

Clinicians should understand parentification as a formative experience with lasting effects on an individual's life. Assessment and treatment should explore early caregiving roles, identity themes like over-functioning or self-worth tied to helping, and relational patterns such as difficulty with vulnerability, which may reflect unresolved parentification.

Tools such as the culturagram (Congress, 1994) can be used to support this process by helping clinicians explore how cultural factors, including migration history, family structure, and experiences of discrimination, shape a client's identity, coping strategies, and access to support.

Psychotherapists may benefit from drawing on Schema Therapy (Young & Martin, 2010), which addresses early maladaptive schemas such as self-sacrifice, unrelenting standards, and emotional inhibition - patterns that closely overlap with the SWS. Integrating frameworks like the SBWS and SWS can further contextualise emotional suppression and over-functioning within wider cultural and systemic dynamics.

Supervision and Reflective Practice

Supervision should explore how personal histories, including parentification, eldest daughter socialisation, and internalised schemas, may shape clinical practice. The Integrative Developmental Model (IDM; Stoltenberg et al., 2014) offers a framework for tailoring supervision to developmental and identity-based needs. Additionally, supervision should create space to reflect on racialised dynamics, for example, the pressure Black clinicians may feel to be “twice as good” or avoid burdening others in predominantly white environments (Pieterse et al, 2016).

Conversations should remain strengths-based, helping clinicians recognise when early relational patterns are re-enacted in professional settings. Cruciani et al.’s (2024) “healing healer” framework may be a helpful framework to guide this work.

Supervision and reflective practice sessions can draw on Compassion-Focused Therapy (CFT; Gilbert, 2009) to help clinicians with a history of parentification address patterns such as over-responsibility, difficulty recognising personal limits, and linking self-worth to helping others. Using CFT techniques to strengthen the soothing system and develop a compassionate inner voice can reduce threat-driven over-functioning, support sustainable self-care, and promote healthier professional boundaries. Supervisors may also integrate CFT-based practices, including compassionate mind training, imagery, and soothing rhythm

breathing, to help staff and trainees manage self-criticism, perfectionism, and chronic threat activation, while building psychological safety within professional relationships and teams.

Feedback processes, including appraisals, supervision reviews, and evaluations, should centre on relational authenticity and psychological safety. Trainees who struggle to ask for help or express vulnerability should be supported. Supervisors should help these trainees reflect not only on performance but on emotional experience, supporting the development of genuine confidence over performative competence.

Organisational and Policy-Level Change

Training programmes should provide structured opportunities for self-reflection, including the question: “Why did I become a clinical psychologist?” (Salter & Rhodes, 2018). For those with histories of parentification, such reflection may help with identifying patterns of over-functioning, setting boundaries, and preventing burnout.

Workplaces should model practices that value rest, boundaries, and emotional honesty. Acts such as taking annual leave or saying no should be normalised, especially for those socialised into high-functioning caregiving roles. These practices may help sustain long-term careers in clinical psychology, as emotional exhaustion and burnout are leading sources of distress for applied psychologists (McCormack et al., 2018), particularly within a system that frequently normalises overextension (Dominic et al., 2020).

At a policy level, services must formally recognise the “invisible labour” disproportionately carried by minoritised clinicians, including advocacy, cultural consultation, and emotional support (Sabnis et al., 2023). These roles, though vital, are often unpaid and unacknowledged. Workloads should be adjusted, and protected time for recovery and peer support offered. Contributions should be explicitly acknowledged in appraisals, promotion, and leadership pathways.

Strengths and Limitations

Strengths

This is the first UK-based study to explore the impact of childhood parentification among clinical psychologists using a homogeneous sample of Black female professionals. The study highlights the importance of applying an intersectional lens to both personal and PID. The findings highlight how early socialisation of Black girls particularly around caregiving, strength, and emotional containment continues to influence how these women engage in the roles as a clinical psychologist Rather than entering clinical psychology as a neutral career choice, participants often described it as a continuation of caregiving identities shaped long before professional training began.

A further strength was the researcher's identity as a Black woman, trainee clinical psychologist. This offered a culturally attuned lens that deepened the interpretative process. This insider perspective helped foster trust, cultural resonance, and emotional safety during interviews, allowing participants to speak with openness and authenticity. Rather than compromising objectivity, the researcher's positionality enhanced reflexivity and interpretive depth, a key strength in IPA, where meaning is co-constructed and context dependent.

By centring the lived experiences of Black women, a group historically marginalised in psychological research, this study challenges Eurocentric norms that often overlook culturally specific expressions of strength, caregiving, and identity. In doing so, it contributes to the decolonisation of psychological theory, training, and supervision. The findings offer clinically relevant insights into how racialised gender roles and early caregiving experiences shape PI, burnout vulnerability, and support needs. These insights can inform workforce wellbeing initiatives and the development of more inclusive training environments. Notably, the research

process itself was experienced as meaningful by participants, with several describing the interviews as reflective spaces that helped them articulate and validate experiences not previously explored.

Limitations

Several limitations should be acknowledged. A key limitation of this study is the omission of religion from the demographic data. In many African and Caribbean communities, religion and spirituality are central to cultural identity and moral frameworks, shaping values such as obedience, duty, and service to others. These beliefs may directly influence childhood compliance and the normalisation of caregiving roles, both of which are relevant to the experience of parentification. By not asking participants about their religious affiliation or beliefs, the study may have overlooked an important cultural lens through which early caregiving experiences were understood and narrated.

The absence of specific perspectives within the data may also reflect unspoken challenges and reinforce the emotional exhaustion often associated with sharing personal experiences in professional contexts. This may point to broader concerns around psychological safety, burnout, or disillusionment among those who chose not to participate. These absent voices, potentially carrying more ambivalent or critical perspectives, remain an important gap in the data.

Methodologically, IPA enabled a rich and detailed exploration of lived experience. However, its idiographic and interpretative nature means the findings are inherently context-bound and not intended to be generalisable. The double hermeneutic, where the researcher interprets the participant's meaning-making, introduces a risk of over-interpretation, especially when the researcher shares salient aspects of identity with participants. Despite ongoing reflexivity, the interpretative lens was inevitably shaped by the researcher's positionality, which may have both enriched and constrained the analysis. These considerations highlight the potential value

of complementary methodologies such as comparative or longitudinal designs in future research.

Finally, all participants were trained psychologists, which influenced how they articulated their experiences of parentification and identity. Their familiarity with psychological concepts may have filtered or reframed their narratives through a more formalised lens. In addition, many described having engaged in years of therapy, supervision, and personal reflection, resources that likely contributed to their strength-based framing. As such, the findings may not fully capture the perspectives of individuals earlier in their careers or those without similar support structures.

Future Research

Future research might expand on the current study. A comparative cross-sectional study could examine how childhood parentification is experienced and interpreted by clinical psychologists from different ethnic backgrounds (e.g. South Asian, White British, and mixed heritage) within the UK. This would enable an exploration of how cultural norms surrounding caregiving, gender, and family structure influence the perceived value and psychological cost of early caregiving.

Given that several participants in the current study highlighted caregiving roles taken on by older brothers, a mixed-methods study could explore parentification in men. Including men from diverse ethnic and class backgrounds could offer insight into how gendered expectations shape early caregiving and influence emotional vulnerability, help-seeking, and long-term identity development.

Building on the themes identified, future research could also examine the prevalence and psychological impact of parentification in clinical populations of Black women in the UK. Such work could support the development of more culturally responsive interventions. For example, this may help clinicians distinguish between symptoms of depression and identity-based

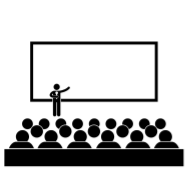
distress related to over-functioning, emotional suppression, and internalised schemas such as the SWS.

Dissemination

The findings from this study will be disseminated through multiple channels to maximise accessibility, relevance, and impact across academic, clinical, and community contexts. An overview of the planned dissemination strategies is presented in Figure 3.

Figure 3

Research Dissemination Overview



CONFERENCES AND TRAINING

- Presentations at relevant conferences and clinical training programmes
- Workshops for psychologists and multidisciplinary teams

JOURNAL PUBLICATIONS

- Journal of Black Psychology (JBP)
- Qualitative Research in Psychology
- British Journal of Psychology
- Clinical Psychology Review
- Research summaries

BROADER ENGAGEMENT

- Infographics
- Podcasts & Webinars
- Short video summaries via social media
- Community forums

REFLECTIVE SPACES

- For trainee/qualified clinical psychologists
- For women who have experienced parentification
- Self care day/retreats

Conclusion

This study examined how BFCPs in the UK made sense of their experiences of parentification and how these shaped both their personal and PIs. Participants described how skills, such as emotional attunement, vigilance, and relational depth, developed out of necessity and became embedded within their clinical instincts and therapeutic values.

Findings showed that clinical roles and identity were shaped by cultural narratives of Black womanhood, which emphasised strength and sacrifice. This research calls for greater critical engagement with the emotional labour and structural expectations placed on Black women in caring professions, supporting Crenshaw's (1989) argument that race and gender cannot be understood through single-axis frameworks.

As one of the only UK-based studies on this topic, it offers new insight into identity, well-being, and the lasting effects of early caregiving within clinical careers. The findings highlight how personal histories and cultural scripts shape development, calling for clinical spaces that are not only inclusive and reflective but also prioritise rest, self-care, and the slowing down of internalised expectations to perform. These findings invite clinicians and services to recognise the enduring impact of parentification, to engage with themes such as guilt, over-functioning, and emotional suppression, and to foster environments that validate complexity and support the reframing of rigid helper identities.

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APPENDICES

APPENDIX A: SLR Synthesis Table

A	B	C	D	E	F	G	H	I	J	K
Synthesis Table										
What does existing literature tell us about the impact of childhood parentification on Black women?										
Themes	Castro et al, 2004	Gilford & Reynold, 2011	Hooper et al. (2012)	Hooper et al, 2015	Johnson (2016)	Lucas & Wade (2023)	Leath et al. (2023)	Everet alt et al	Leath et al 2021	Lee & Haskins, 2025
The Long-Term Emotional Consequences of Parentification in Black Women.	Parentification fosters external validation dependence, contributing to self-esteem and professional confidence issues later in life.	Students struggle to set boundaries, balance family duties and school, feeling guilt, stress, and pressure to return home or send financial support.		Parentification is negatively related to well-being in black students			Messages from mothers to daughters can lead to emotional suppression in Black women, particularly in times of stress.	One of the participants recalls being trwated differently thatn her younger sister, mum was colder, withdrawn and not affectionalte. However in this study, some participants said the transmission of Self esteem was intergenerational with messages coming from grandma and not always mum.	our results suggest that endorsing characteristics of the Superwoman Schema, which requires external strength, emotional restraint, independence, and self-sacrifice (i.e., obligation to suppress emotions), relates to greater stress, anxiety, and depressive symptoms. Black women may struggle with accepting help even when they feel overwhelmed or burdened by life responsibilities, which in turn, undermines their mental health and wellness. Black women who have difficulty in accepting emotional and instrumental support from others may experience psychological distress	Identifieds the detriment of hyperindependance and invulnerability and invulnerability "We don't talk about emotions," and discussed her embarrassment when she showed emotion to a colleague, "I kept apologizing.". "not to be crying." She remarked, "I learned to be strong and I hold it in…she would want me to fight now, she wouldn't want me to cry."
Strength socialisation as a ward against racial and gender inequalities	Parentification is closely linked to imposter syndrome althogh scores were lower in Black students are less likely to suffer from imposter syndrome due to have higher standards in order to achieve due to racials inewualities	Parentification linked to resilience and motivation to achieve academic success. Some participants experience posttraumatic growth, finding meaning in their struggles		Parentification is also positively related to posttraumatic growth. The negative effects of parentification are greater, and the benefits are lower, for White Americans compared to Black Americans.	Single mother parenting fosters resilience, responsibility, and academic drive, with daughters attributing their success to their mothers' encouraging words and high expectations as a source of motivation.	Black girls socialisation and upbringing fostered strong work ethic, independence, and resilience	Self-reliance is highly emphasised in Black women, discouraging dependence on others. Black women may adopt a facade of strength, influenced by family role models, to avoid appearing overwhelmed.	Most participants in the study said thay communication with their mother was a "tell it like it is" no filter type of relationship suggesting a closeness/friend like rewlationship but potential emotional incest and blurred boundaries of adult/child roles.	sociocultural obligation to embody strength can worsen mental health issues among Black women. Black women who were exposed to adverse childhood experiences and felt a stronger obligation to present an image of strength reported higher stress levels than women who did not feel the same obligation of strength suggesting that strength is a protective factor away from further harm.	For example, T include strength and perseverance, independence, and invulnerability. For example, Tamika from case two reflected on the hardships her mother endured and remarked, "So I know my mama was a strong woman."
The Influence of Parental Expectations on the Success-driven Mindset of Black Women.		Parentified young women became role models for parents and younger siblings	Black students more likely to carry out responsibilies for their parents a opposed to siblings.		Several participants were taught self-reliance, with their mothers stressing that Black women must overcome both racial and gender-based challenges to succeed.	Black parents often emphasise educational and vocational achievement early on to counter racist stereotypes, leading Black girls to take on adult-like responsibilities such as steady employment and excelling in school.	Black women often experience a heightened drive to succeed, even in the face of limited resources and obstacles.	Showed me what it was to be a strong African American woman, you know, and not relying on the resources of what the world offers." At other times, the mother's used themselves to model what and how to do things. Mums also shared messages like - I could be anything I wanted to be. Coping was often modelled by watching other family members and also seeing mums life experiances and not explicitly taught		messages around how to keep self safe due to mulriple marginalsied identities can often backfire and lead to a hypervigilance which may pepetuate generarionally.

The Negative Mental Health Consequences of Parentification on Black Women		Parentification is linked to stress, depression, and emotional burden	Parentification significanly related to depressive symptoms and linked to higher alcohol use	Parentification is positively related to depressive symptoms.			Black women may internalise caregiving roles, often at the expense of their own well-being.	*One partcipant was made to feel different, making me feel isolated.althouygh not explicit this participant meantioned how her younger sister wad treatred with hugs kisses and touch*	adverse childhood experiences were associated with increased stress, anxiety, and depression. how exposure to unsafe circumstances in childhood relates to poor health outcomes into adulthood.	putting others first - learning that caretaking is an important role of a black womans life… even if youre ill you still support. It also bring safrice of self. I feel it impacted me to know now that since I've taken care of everyone since I've been in the eighth grade that now I feel like I need to take care of me now. So, it impacted me to help others, but to also stop at a point and look at what I need to do for myself and try to do the things that I want to enjoy for myself.
The Impact of Family Dynamics and Socioeconomic Factors on the Caregiving Roles of Black Female College Students.		Black female college students from single-parent households often take on caregiving roles due to parental struggles like mental illness, substance abuse, incarceration, or disability.		Family structure, cultural-specific values, and socioeconomic factors contribute to higher rates of parentification among racial and ethnic minorities.	Despite moving to college, many daughters felt responsible for their mothers' well-being, with their success driven by parental expectations and the pressures of sacrifices.	Participants indicated that relationships with boys were often taught to be feared through lessons of "what not to do" instead of "what to do" in relationships.	Daughers internalise mothers modeling of strength to shield their daughters from societal pressures, while also preparing them to handle racialised and gendered inequities in their lives.	All but one of the participanrts stated that their mothers explicitly told black daughters that they are just as good as anyone else, they were worthy, and told to feel good about themselves.	Black women who more strongly endorse the Superwoman Schema may mask their psychological distress when trying to balance life demands and the cultural expectation to be resilient for their families and communities	independence strength elicits. For example, Debra commented on independence as a characteristic of Black women, "I think it is definitely part of being a Black woman," and noted her own assertion of independence, "sometimes I have the notion that, you know what? I could just do this. I could just take care of myself."
The Role of Education and Hard Work in Breaking Economic Cycles and Challenging Stereotypes for Black Girls.		Many students see education as a pathway to breaking cycles of economic hardship in their families.			Lessons on economic hardship inspired a drive for financial stability, and academic success	Black parents focused largely on educational and vocational achievement to invalidate racist stereotypes placed on Black girls	Black girls are socialized to understand the need to work harder in academic and professional settings. "work harder than most people to reach my dreams/goals."	*Some of the participants who were psychologically healthy despite the lack of positive role model developed resiliance not from something positive but due to somet alhing negative. Eg wanting to show people wrong by not having kids young, finishing highschool and acomplishing great things.*	The study found that Black women with more adverse childhood experiences (ACEs) and a stronger determination to succeed reported higher levels of anxiety. This may reflect an awareness of the additional structural barriers they must overcome, which can heighten anxiety about achieving educational and occupational goals.	*"my mom was always at work," and noted that because of this modeled behavior, "I got a good work ethic." Other protective messages were more specific lessons about financial responsibility and the meaning of education. Sophia from case two explained, "So my mom was really responsible financially and taught me how to balance a checkbook and pay the bill and that stuff at a young age." my mom, when we were in school, she always told her, 'You put your education first'.*

APPENDIX B: Ethical Approval

University of Hertfordshire UH

HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO	Paris Capleton
CC	Dr Kimberley Gin
FROM	Dr Simon Trainis, Health, Science, Engineering and Technology ECDA Chair
DATE	25/07/2024

Protocol number: **LMS/PGR/UH/05762**

Title of study: Nurturers by Nature? Experiences of parentification among Black Female Clinical Psychologists. Implications for Professional Identity and Clinical Practice.

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Dr Olumurewa Akintola (secondary supervisor)
Dr Noreen Dera (consultant)

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

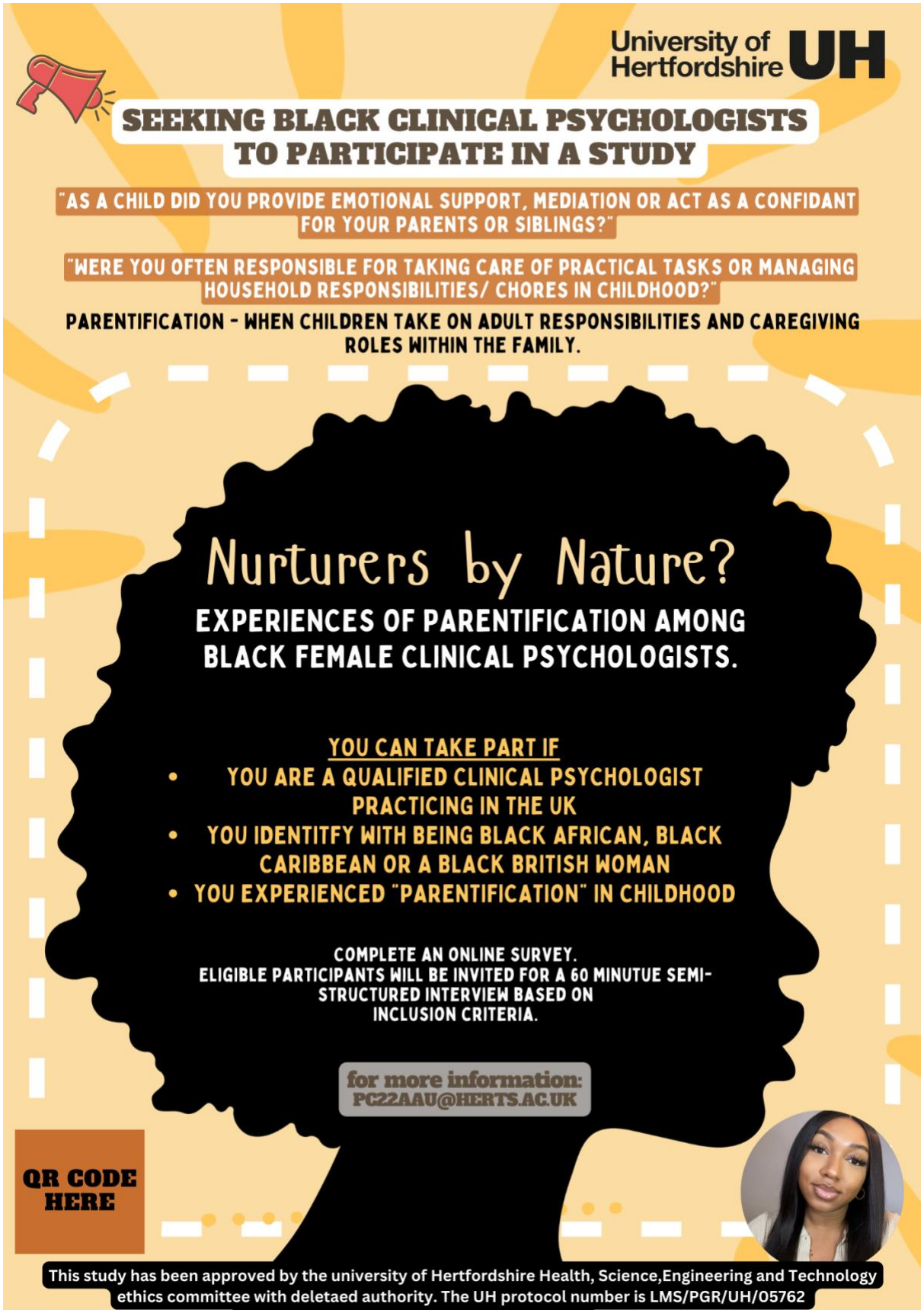
Validity:

This approval is valid:

From: 25/07/2024

To: 31/07/2025

APPENDIX C: Research Flyer



APPENDIX D: Participant Information Sheet

PARTICIPANT INFORMATION SHEET

Title: Nurturers by Nature? Experiences of parentification among Black Female Clinical Psychologists. Implications for Professional Identity and Clinical Practice.

Introduction

Thank you for your interest in this study exploring the experiences of parentification among black, female clinical psychologists in the UK. This information sheet outlines the purpose of examining parentification and its potential impacts on professional identity formation and clinical practice within this population. You are being invited to take part in a study exploring this.

Before you decide whether to do so, it is important that you understand the study that is being undertaken and what your involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask us anything that is not clear or for any further information you would like to help you make your decision.

What is the purpose of this research?

This study aims to explore the childhood experiences of Black women clinical psychologists, with a particular focus on family dynamics and caregiving roles they may have encountered. Research has shown that individuals in caring professions, including psychology, may have had experiences of taking on responsibilities typically associated with parents during their childhood (van der Mijl & Vingerhoets, 2017). This phenomenon, known as parentification, has been studied in various contexts but less so among clinical psychologists.

Our research seeks to understand how early life experiences might relate to the personal and professional development of Black women in clinical psychology. We are interested in examining potential connections between childhood roles, cultural expectations, and career choices. Some studies suggest that experiences of caregiving in childhood can have complex effects, potentially influencing personal growth, coping abilities, and career paths (Dariotis et al., 2023).

Additionally, research indicates that cultural factors, such as the "Strong Black Woman" schema, may intersect with childhood experiences in unique ways for Black women (Watson & Hunter, 2015). We aim to explore how these various elements might come together in shaping the identities and practices of Black women clinical psychologists.

By conducting this research, we hope to contribute to a more nuanced understanding of the diverse experiences that lead individuals to pursue clinical psychology. This knowledge could have implications for training programs, clinical practice, and support systems within the field, potentially leading to more inclusive and supportive approaches in the profession.

What is my involvement in this research?

If you choose to participate in this study, you will first be asked to complete a brief online survey providing demographic information and details about your experiences of parentification.

Following the survey, a smaller group of Black female clinical psychologists will be invited to participate in interviews focusing specifically on how parentification has impacted their clinical practice and professional

identity formation. If you meet the criteria for this interview portion of the study and agree to participate, you will first have an initial call to address any questions and confirm your eligibility. All data of those who do not meet interview eligibility, will be destroyed.

The interviews will be conducted online via video conferencing (Microsoft Teams or Zoom) and will last approximately 60-90 minutes. These interviews will be recorded and transcribed verbatim for analysis to identify common themes related to the research questions.

Do I have to take part?

It is completely up to you whether or not you decide to take part in this study. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. Agreeing to join the study does not mean that you have to complete it. You are free to withdraw from the study at any time without providing a reason. However, please note that withdrawal is not possible after your interview has been transcribed. Choosing to withdraw or deciding not to participate will not affect any treatment or care you may receive, if applicable.

Can I participate?

You can take part if you:

Inclusion:

- Identifies as having lived experiences of parentification in childhood. This can be defined as having taken on significant caregiving responsibilities for siblings or parents at a young age.
- A qualified clinical psychologist trained at a Doctorate in Clinical Psychology (DClinPsy) program in the UK registered by the clearing house and/if trained outside of the UK but currently practicing in the UK, providing upon qualification registration with the Health Care and Professions Council (HCPC).
- Self identifies with being Black African, Black Caribbean or Black British
- Self identifies with being a female.

Exclusion:

- Currently in training or not qualified from a DClinPsy program within the UK, or registered with the HCPC if qualified outside of the U.K.
- Individuals enrolled in different psychology training courses including undergraduate courses or counselling, educational or forensic doctoral training.
- Has no lived experience of parentification in childhood.
- Does not self-identify with being Black African, Black Caribbean or Black British.

Why is this research important?

Childhood experiences, including family dynamics and caregiving roles, may influence personal and professional development in various ways. While research has explored these themes in some professions, there's limited understanding of how such experiences relate to clinical psychologists' career paths and practices. This study aims to explore the diverse childhood experiences of clinical psychologists and how these might connect to their professional journeys. By gaining insights into the range of factors that may motivate individuals to enter this profession, we hope to contribute to a broader understanding of clinical psychologists' backgrounds. This research may offer valuable perspectives on the potential interplay between personal histories and professional development in clinical psychology, potentially informing supportive practices within the field.

What do I do if I am interested?

If you are interested in participating in the study, please complete the initial survey. The study looks at how Black female clinical psychologists make sense of parentification and its effect on the development of their professional identities and clinical roles. Eligible participants who meet the criteria the study will be contacted by a researcher to arrange an interview. Alternatively, you can also email Paris Capleton at p.capleton@herts.ac.uk to express your interest in being interviewed for this portion of the study.

"Please note all data will be kept for 5 years in line with University of Hertfordshire policy. In that time, it is possible that I will re-analyse this data. The transcriptions and all personal information will be kept until the completion of the study and will only be destroyed once study is complete.

I intend to publish the results of this study. As previously stated, your quotes will be anonymised, and accompanied by the pseudonym you have chosen. You will be able to request a soft copy of the final dissertation as is, oral summary of results if you prefer.

How do I withdraw from the interview?

You can withdraw from the interview at any time, please let the researcher know, you do not need to give a reason. During the interview if there are any questions that make you feel uncomfortable, you do not have to answer them.

How will my data be stored?

The recording from the interviews will be password protected and kept confidential and will be securely stored on the University of Hertfordshire secure OneDrive. Only the primary researcher will have access to the video recordings. Any hard copies of information will be kept securely at all times in a lockable filing cabinet, were only research has access.

All data will be anonymised, there will be no identifiable information (such as names) included in the dissemination of this research. There will be excerpts of direct quotes used in the final research report to illustrate any themes that will arise from the data collected.

The use of a reputable transcription service may be considered in order to keep within the time scale. A rigorous confidentially policy will be ensured in line with the University's requirements.

How will my taking part in this study be kept confidential?

Your participation in this study will be kept strictly confidential. However, confidentiality may need to be breached if you disclose information that suggests you or someone else is at risk of harm. In such cases, we would be obligated to inform the relevant authorities or agencies to ensure safety. This would be discussed with you.

Ethics:
This study has been approved by the University of Hertfordshire Health, Science, Engineering and Technology ethics committee with delegated authority. The UH protocol number is LMS/PGR/UH/05762.

For more information, please contact myself, Paris Capleton (pc22aau@herts.ac.uk) or my supervisor Dr. Kimberley Gin kimberley.t.gin@kcl.ac.uk

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following address:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

APPENDIX E: Consent Form

University of Hertfordshire UH Ethics Committee

Project title: Nurturers by Nature? Experiences of parentification among Black Female Clinical Psychologists. Implications for Professional Identity and Clinical Practice.

Research Team:

Main Researcher: Paris Capleton

Supervisory Team (contract in Appendix 1):

Dr Kimberley Gin

Dr Olumurewa Akintola

Consultants:

Dr Noreen Dera

1. I have read the information sheet for this study. I have had time to think and ask questions, and one of the researchers has talked to me about it. ☐
2. I understand that it is my choice to participate and that I am free to opt out or withdraw at any time without giving any reason. ☐
3. I understand that data collected during the study will be anonymised. That is my name and any identifying details will be removed. The data will be stored on a secure drive. Once anonymised, the data may be looked at by people working/studying with the University of Hertfordshire, the research team and potentially transcription services. I permit these people to have access to my anonymised data. ☐
4. In giving my consent to participate in this study, I understand that voice, video or photo-recording will take place and I have been informed of how/whether this recording will be transmitted/displayed. ☐
5. I give permission for this researcher to re-analyse this data at a later date (up to five years from today). ☐
6. I understand that the write-up may include direct quotes which will not have my name, or any identifiable information, but rather a pseudonym e.g. participant one. ☐
7. I have been told that I may be contacted again in connection with this study. ☐

8. I agree to take part in this study.

Name of Participant	Date	Signature
Main Researcher	Date	Signature

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following address:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

APPENDIX F: Parentification Demographic Survey

Parentification occurs when a child or teenager takes on adult roles and responsibilities that would normally belong to the parents. This can mean the child becomes a caregiver, emotional supporter, or household manager at a young age. There are two main types of parentification:

- Instrumental Parentification: When a child handles practical tasks such as cooking, cleaning, paying bills, or looking after younger siblings. This can also include helping siblings with homework or being involved in their schooling.
- Emotional Parentification: When a child acts as a confidant or "therapist" for their parents, providing emotional support and guidance that is typically expected from adults.

If you feel you experienced any of the above, you may have been parentified in childhood. Please complete the survey below.

This questionnaire contains 17 closed questions and will take no longer than 5 minutes.

Name Initial + 3 last digits of phone number (e.g., PC071):

1. Are you currently a trainee or qualified clinical psychologist?

☐ Trainee
☐ Qualified

2. If you are a trainee, please indicate your year of training:

☐ 1
☐ 2
☐ 3
☐ 4

3. If you are qualified, please specify the number of years since you became qualified:

☐ 1-3
☐ 3-5
☐ 5-10
☐ 10-20
☐ 20+

3a. Are you registered by HCPC?

☐ Yes
☐ No

4. Age:

☐ 21-24 years old
☐ 25-34 years old
☐ 35-44 years old
☐ 45-54 years old

☐ 55-64 years old
☐ 65-74 years old
☐ 75+ years old

5. Gender:

☐ Male
☐ Female
☐ Non-binary
☐ Other/prefer not to say

6. Ethnicity:
Choose one option that best describes your ethnic group or background:

White

☐ English/Welsh/Scottish/Northern Irish/British
☐ Irish
☐ Gypsy or Irish Traveller
☐ Any other White background, please describe: _____
Mixed/Multiple Ethnic Groups

☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other Mixed/Multiple ethnic background, please describe: _____
Asian/Asian British

☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Chinese
☐ Any other Asian background, please describe: _____
Black/African/Caribbean/Black British

☐ African
☐ Caribbean
☐ Any other Black/African/Caribbean background, please describe: _____
Other Ethnic Group

☐ Arab
☐ Latin American
☐ Any other ethnic group, please describe: _____

Black or Black British:

- African
- Caribbean
- Any other Black background (please specify): _____

Mixed or Multiple ethnic groups:

- White and Black Caribbean
- White and Black African
- Any other Mixed or Multiple ethnic background (please specify): _____

You might also consider including an option for:

- Other Black background (please specify): _____

7. Parents' marital status during childhood:

☐ Married
☐ Divorced/Separated
☐ Never married /Living with a partner
☐ Single parent household (Mother only/ Father only) _____
☐ Other: _____

7. Did you experience parentification as a child, according to the aforementioned description?

☐ Yes
☐ No

8. At what age did you start taking on parentified responsibilities?

☐ 0-5 years old
☐ 6-10 years old
☐ 11-15 years old
☐ 16 years or older

Emotional Parentification:
9. On a scale of 1 (Never) to 5 (Always), how often did you feel responsible for managing your parents' emotions or providing them with emotional support or counsel?

1 2 3 4 5

10. Were you often relied upon to listen to your parents' problems or concerns and offer them advice or reassurance usually in times of conflict?

☐ Yes
☐ No

Educational Parentification:
11. On a scale of 1 (Never) to 5 (Always), how often did you have to assist your parents or siblings with homework or educational tasks?

1 2 3 4 5

12. Were you responsible for encouraging your siblings to attend school or monitoring their school performance?

☐ Yes
☐ No

Instrumental Parentification:
13. On a scale of 1 (Never) to 5 (Always), how often did you have to perform household chores or tasks typically done by parents/adults?

1 2 3 4 5

14. Were you responsible for caring for or supervising younger siblings?

☐ Yes
☐ No

15. Were you responsible for cooking meals or grocery shopping for the family?

☐ Yes
☐ No

16. How many siblings did you live with growing up?

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7+

17. What is your birth order?

☐ Eldest
☐ Middle child
☐ Youngest
☐ Only child

This is the end of the questions, thank you sincerely for your valuable time.

If you would be interested in participating in a semi-structured interview to share your experiences with parentification in more depth, please provide your contact details below:

Full Name:

Contact Email:

Please indicate if you have any specific availability constraints (e.g., days/times that work best):

By providing your contact information, you are expressing interest in and consenting to being contacted to schedule a confidential interview. This is completely voluntary, and your information will only be used for the purposes of this research study. Thank you for your willingness to contribute.

APPENDIX G: Email Template with Interview Schedule

Dear Dr xxxx ,

Thank you so much for signing up to participate in my thesis research! I truly appreciate your willingness to share your experiences as part of my study titled ***"Nurturers by Nature – Experiences of parentification among black female clinical psychologists."***, which explores how early caregiving experiences in childhood aka parentification shape professional identity and clinical practice in Black female clinical psychologists.

I would like to offer you some potential time slots for our interview. The interview will last approximately 60 minutes and will take place via Microsoft teams. Could you please let me know which of the following times might work best for you, or suggest alternatives if needed?

Book here:
https://calendly.com/p-capleton-herts/30min

During the interview, I will be asking open-ended, semi-structured questions about your personal and professional experiences, particularly focusing on your childhood caregiving roles and how these have influenced your professional identity and career development. There are no right or wrong answers, and you are welcome to share as much or as little as you feel comfortable with.

I hope this will be an opportunity for reflection and discussion in a comfortable, respectful space. If you have any questions or would like further details about the interview process, please don't hesitate to reach out.
Looking forward to speaking with you soon!

Best Wishes,

Paris

Paris Capleton
Trainee Clinical Psychologist
University of Hertfordshire Doctoral College
Email: p.capleton@herts.ac.uk
Working days: Monday-Wednesday
University days: Thursday-Friday

University of Hertfordshire UH

APPENDIX H: Interview Schedule

"Before we begin, I'd like to remind you that this interview is completely confidential. Your responses will be anonymised, and any identifying information will be removed from the transcript. The main purpose of this study is to explore how childhood experiences of parentification have influenced the professional identity and clinical practice of Black female clinical psychologists.

We'll be discussing your personal experiences, so please share only what you feel comfortable with. There are no right or wrong answers - I'm interested in hearing your unique perspective and insights. After we complete the interview questions, there will be time for a debrief where you can ask any questions or share additional thoughts.

Do you have any questions before we get started?"

1. **To start, how would you define parentification**
2. **How would you describe your parentification experiences growing up?**

   Possible Prompts

   -How did you end up with this role in your family?

   -What do you think about why you were chosen?

   -What were your main responsibilities? Emotional support or practical support or both? Can you give me an example?

3. **In what ways, if any, do you feel your parentification experiences shaped your personal identity and sense of self over time?**

   Possible Prompts

   -What parts of your identity would you say have been influenced by these early caregiving roles?

   - Do you feel that taking on caregiving roles in childhood affected the way you view yourself today? If so, in what ways?

   - "In what ways, if any, did your sense of being 'in charge' or responsible for others impact your personal growth or identity?"

4. **Can you share what inspired or motivated you to pursue a career as a clinical psychologist?**

   Possible prompts

   -How do you see your early experiences fitting into this journey?

-Were there any significant experiences or influences in your life that inspired you to pursue this career?

5. Professional identity refers to how you perceive yourself in relation to your profession, shaped by personal values, beliefs, experiences, and the norms of the professional field you belong to. AKA "Who are you as a professional?"

   How have your early caregiving experiences shaped your understanding of your professional identity?

   How has your role evolved over time?

6. **What values or beliefs do you feel are most important in shaping your professional identity as a clinical psychologist?**

   Prompts

   Follow-up prompts:

   -Can you think of any childhood experiences that influenced these values? How do these values influence the way you interact with clients or make clinical decisions?

   -Do you think the sense of responsibility you developed as a child has influenced your work ethic or the way you view your role as a clinical psychologist? How?

7. **And In what way, if any, have these experiences shaped your approach <u>to your clinical work?</u>** (Assessment, formulation, treatment, consultation and supervision) Outside the room

   Possible prompts

   - Do you feel that the caregiving responsibilities you had as a child influenced your approach to client care or therapeutic relationships? If so, how?

   -Could you tell me about any types of clients you perhaps feel particularly drawn to? Give me an example.

   -What about the clients you find particularly challenging? Give me an example

   - What about boundaries? How has your experience of being a caregiver affected how you establish boundaries, both with clients and within your professional relationships?

-How about offering supervision, how might these early experiences impact your supervisory relationships? How do you show up in these relationships?

-What about in positions of leadership?

8. **What strengths or coping strategies have you developed through early caregiving experiences? And how have they benefited your clinical practice?**

9. **How have your parentification experiences, if at all, created challenges or barriers in your clinical work or professional role?**
   Possible prompts
   - What about your general experience of work? For example, being in the room with clients, supervision, leadership, caseload management, organisational aspects, the general environment and so on.

10. **What is your personal relationship to the term 'Strong Black Woman' ?**

    -How does this term resonate with your personal and professional identity?"

    -In your view, how might these early experiences influence or contribute to the expectations and pressures of the SBW identity? "

11. **How, if at all, do you see your identity as a Black woman intersecting with your identity as a parentified child?**

12. **Based on your experiences, what professional advice would you offer to other Black female psychologists', trainees, aspiring qualified who have had similar experiences in their childhood?**

13. **Is there anything else you feel is important for me to understand about how parentification has impacted you as a Black female clinical psychologist?**

APPENDIX I: Debrief Sheet

DEBRIEF FORM

If you have been affected by any of the topics raised in the survey or interview and would like to speak further, please feel free to contact:

Paris Capleton

Email: *p.capleton@herts.ac.uk*

Participating in this research may have brought up difficult or distressing thoughts or feelings. Below are some sources of support that may be helpful.

Support Within Universities

- Some training courses offer reflective practice spaces that you may be able to access.
- The **Equality, Diversity and Inclusion (EDI)** teams within your training programme or university may also be a source of support, where available.

Support Within NHS Trusts or Placement Providers

- If you are currently employed or on placement within an NHS Trust, you may be able to access support through **Black and Ethnic Minority Staff Networks** or **EDI teams**, if they are in place within your organisation.

External Resources and Communities

Homegirls Unite

A community interest company providing safe spaces both online and in person for eldest daughters and daughters from immigrant households.

Aashna

A directory of therapists committed to working in ways that acknowledge how culture, faith, social background, and identity shape psychological experience.

The Black, African and Asian Therapy Network (BAATN)

A professional network supporting therapists and counsellors of African, Caribbean, and Asian heritage.

Black and Minority Ethnic in Psychiatry and Psychology (BIPP) Network

A network committed to supporting and advancing representation of Black and minority ethnic professionals in psychiatry and psychology.

The Minorities Group (BPS Division)

A British Psychological Society division offering support to both trainees and qualified psychologists from minoritised backgrounds.

Please prioritise your wellbeing and seek support if needed. Your participation is deeply appreciated.

APPENDIX J: Asha Transcript and Exploratory Notes

Transcript **Researcher & Asha**	**Initial Exploratory Comments** **(Descriptive, Linguistic, Conceptual)**	**Experiential Statements**
Asha I1: again, this is your experience. So in your words, so yeah. So just to start, how would you define parentification?		
P1: So in my mind I've got like the textbook kind of definition and I guess it's something about. Feeling that you're, you know, you have, the child has to emotionally support one or both of the parents. Or kind of be mediating in some way between them or it could be one of the parents is experiencing some kind of difficulties, kind of emotional difficulties and almost like the child's the kind of the kind of crutch, so to speak. Almost like it's like a friend sometimes and not a parenting relationship, but you end up becoming a bit of the parent to your mother or father. But also I guess the other side of that is it makes me think about kind of the practical and like households	Referring to the textbook definition to describe her experience, potential removal from personal experience. Description of parentification Description of the parentified child as a crutch – something that offers support and balance Likens it to being a friend and a parent to your parents – signifying all roles but a child.	**Parentification is studied in textbooks, yet for some, it is lived before it is learned, creating distance from its personal impact P1** **A child becomes a crutch, steady and relied upon while the weight of responsibility is heavy. P1** **More than just a child, but also a friend, counsellor, and parent fulfilling every role except their own. P1**

where the children take on tasks at a much earlier age, such as maybe cooking or, you know, looking after siblings and things like that. So I guess that how I define it. I2: Thank you. And how would you describe your parentification experiences growing up? P2: Yeah. I guess for me it was more my mum was. Like depressed for a lot of my childhood, I didn't really know she was depressed. But she's very flat. There was domestic violence within our home, which was quite severe, and we moved around quite a lot.. Umm To different cities and things. So my mum was quite isolated as well and I think that I would, when knowing that my mum was kind of. feeling low and things like that or isolated, I was the one who was always encouraging her to kind of get out there and do stuff and also like telling her that she should leave dad and things like that at quite a young age. I do remember one time when he come	Reflecting on those who have to take care of younger siblings and cook... use of word those shows a separation from the experience and her. Parentification a result of depressed mum majority of childhood as well as severe domestic violence. Moved around a lot as a family which meant mum became isolated. Daughter would encourage mum to get out there and do things as well as encourage her to leave dad.	**Some children care for siblings and cook, spoken about as if describing others, though the reality is personal P1** **With a mother lost in depression and a home overshadowed by violence, a child steps in before ever knowing childhood. P2** **Constant moving home sever connections, isolating the mother and making the child the family's emotional anchor. P2** **Encouragement is given freely urging a mother to live and leave—yet no one asks who supports the child. P2**

to our house, he wasn't living with us and my mum was like, really, really scared because my dad was very abusive. And I told my mum to leave, like to protect my mum. So I told her to kind of leave the house. And I kind of stayed really I was probably only about 12. Yeah, 12. Yeah, I think I was 12 and my mum left just left me there because she was scared. That whole fight or flight and I was left on my own. So I've always felt like I've got to Look after my mum.	Daughter had to protect mum, always looked out for mum whilst mum was fearful of dad... daughter seemed fearless. Someone had to be the protector and mum was the victim.	**With a mother living in fear, the daughter became the protector, fearless on the outside, but only because someone had to be p2**
I remember like walking home from school sometimes because I knew she was struggling, like financially. You know, I would say to her, oh, I don't need money for for the school bus. 'cause you can. You can keep it. And I guess I'm even. I think I don't know if this is parentification, but I feel like we, I didn't cook or anything like that, but I feel like I was given a lot of responsibility to look after my brother after school when we were maybe 11. I well, I was 11 and he was three years younger than me, sometimes	Would sacrifice her own needs for those of her mum such as saying she didn't need money for school because she knew mum was struggling financially. Looked after younger brother quite a lot from about 11 years old.	**Her own needs were set aside—saying she didn't need money for school, knowing her mother was struggling P2** **By 11, caring for a younger brother became second nature, responsibility replacing childhood p2**

10 and I would like look after him quite a lot. So yeah. I3: OK. Thank you for sharing that. This might sound like a bit of a silly question, but why do you think you ended up taking on that role sort of as the confident from then to support for your brother? P3: Yeah, I wanna think... I'm the eldest. And probably my mum's always said to me that I'm more like my dad, but I use it for good, so I am quite outspoken. I do say when things are wrong, maybe people will consider me as quite kind of brave. I stand up what I believe in, so maybe I remember when even like, someone was being bullied at school, I ended up like having to go at the bully and things. So maybe there is something, I think from a young age, I was quite aware of. Like I had a strong sense of what's right and wrong. And I think I'm, I'm caring person. You know, it's kind	Identified responsibility fell on her as the eldest but also because of her personality were she is outspoken. People consider her a brave person. Remembers standing up for someone who was being bullied at school... parallelled to the role in which she would play with mum/dad.	**Responsibility fell on her not just as the eldest, but because she was outspoken enough to carry it. P3** **Bravery is how others see her, but it was simply survival. P3** **Standing up for a bullied classmate mirrored the role she played at home, defending those who couldn't defend themselves.P3** **Caring for others came naturally, whether for family or strangers.p3**

brother. But she always says that they try and act quite, you know, masculine and macho and all of that kind of stuff. But really, I'm the one who's kind of more like that. But I remember when my dad wanted to do like toy fight, really inappropriate stuff, really, because it would be quite harsh. But fighting toy fighting with us and my brother, younger brother, he would like start crying afterwards and I was...	Dad would fight with the children; brothers would cry and give up where she would get up and keep going.	**When her father fought with the children, her brothers would cry and give up, she would get up and keep going, refusing to be defeated P4**
I'd always want to get back up and fight, get back up and fight, so I think (PAUSE) I think there's something like, yeah, maybe like a fighter person. Like how different people deal with adversity.	Would get back up when knocked down – a metaphor perhaps for how she dealt with the home situation, rising past adversity.	**Knocked down but always rising, resilience forged in childhood, a pattern of pushing through adversity P4**
You know, and I know my mum and my brother are much more kind of avoidance, don't speak about things a lot quieter and I'm maybe a bit too confrontational in my private life sometimes I could let things go, and I think my mom wishes 'cause she does say this sometimes that she was maybe more like how I am. Yeah, maybe.	She is confrontational in her approach whereas others in the family are passive. Mum wishes she was more like participant on how she's able to stand up for self.	**Where others in the family stayed quiet, she confronted—choosing to fight while they chose silence. P4** **Her mother admires her strength, wishing she could stand up for herself the same way. P4**

almost like a panic to it or something. And until I've done the thing, I'll just it'll causes me like anxiety. So then I end up maybe just doing it quickly, you know? So I get that I do things quickly. It's actually probably to manage my own feeling of anxiety because I've got in my mind, I've got to help this person, I've got to help them. But then if I don't, when people don't do the same back to me, you know, I can feel maybe a bit resentful about that. So I think I have quite high expectations of myself, you know, in that caring role for other people, which then, as a byproduct, leads to me kind of maybe having high expectations of them. Other examples I think I'm a very independent of the person and even though I'll say I have high expectations, I'm not very good at receiving help myself or asking for it from other people. I7: To give me an example of what that looks like.	Being unable to do for others makes her anxious Recognises a pattern of supporting others but expecting the same in return and when this is not met, left feeling resentful Has high expectations of self which translates into high expectations of others. Contradiction between having high expectations of self but having difficulty receiving help from others.	**Being unable to help others creates anxiety, as if responsibility extends beyond herself. P6** **Supporting others comes naturally, but when that support isn't returned, resentment builds P6** **High expectations of self translate into high expectations of others, creating both drive and disappointment. P6** **A contradiction emerges -expecting much from herself, yet struggling to accept help from others. P6**

APPENDIX K: Risk Assessment

UNIVERSITY OF HERTFORDSHIRE
ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS ('ETHICS COMMITTEE')

FORM EC5 – HARMS, HAZARDS AND RISKS:
ASSESSMENT AND MITIGATION

Name of applicant: Paris Capleton Date of assessment: 8/6/25

Title of Study/Activity: TBC

If you are required to complete and submit a School-specific risk assessment (in accordance with the requirements of the originating School), it is acceptable to make a cross-reference from that document to form EC5 in order not to have to repeat the information twice. The purpose of Form EC5 is to consider how a participant might react to the activities in the study and to indicate how you will manage such reactions; the Form also addresses the safety of the investigator and how any risks to the investigator will be managed.

Activity Description					
1. IDENTIFY RISKS/HAZARDS	2. WHO COULD BE HARMED & HOW?		3. EVALUATE THE RISKS		4. ACTION NEEDED
Activities/tasks and associated hazards Describe the activities involved in the study and any associated risks/ hazards, both physical and emotional, resulting from the study. Consider the risks to participants/the research team/members of the public. In respect of any equipment to be used read manufacturer's instructions and note any hazards that arise, particularly from incorrect use.)	Who is at risk? e.g. participants, investigators, other people at the location, the owner / manager / workers at the location etc.	How could they be harmed? What sort of accident could occur, eg trips, slips, falls, lifting equipment etc, handling chemical substances, use of invasive procedures and correct disposal of equipment etc. What type of injury is likely? Could the study cause discomfort or distress of a mental or emotional character to participants and/or investigators? What is the nature of any discomfort or distress of a mental or emotional character that you might anticipate?	Are there any precautions currently in place to prevent the hazard or minimise adverse effects? Are there standard operating procedures or rules for the premises? Have there been agreed levels of supervision of the study? Will trained medical staff be present? Etc/	Are there any risks that are not controlled or not adequately controlled?	List the action that needs to be taken to reduce/manage the risks arising from your study for example, provision of medical support/aftercare, precautions to be put in place to avoid or minimise risk or adverse effects NOTE: medical or other aftercare and/or support **must** be made available for participants and/or investigator(s) who require it.

Use of computer or telephone devices when conducting interviews.	Participants and researcher.	Minor risk of devices being broken or damaged e.g. might fall, over heat, water damage. This could incur a financial risk for repair or replacement. Risk of minor injury for example if the device shatters.	Individuals will be responsible for their use of devices. Individuals may already have devices insured which will lessen or mitigate financial loss. Most people use these devices regularly and will be adept as using them safely.	No	n/a
Completing the online survey	Participants	Emotional distress from recalling potentially traumatic childhood experiences of parentification.	Yes, the survey is anonymous, using only initials and phone digits as identifiers. All questions require a tick box answer. Debrief form will be offered at the end.	No	Provide contact information for mental health support services at the end of the survey.

Online interviews	Participants and researcher	Long periods on screens.	Individuals may have screen glare protectors already if they use screens frequently.	No.	Frequent comfort breaks to move away from the screen. Participants will be allowed to move away from their screens if/when they feel any discomfort outside standard breaks.
Sitting for long periods.	Participants and researcher	Interviews are expected to take up to 90 minutes and typically people will sit during online calling. The researcher will spend long periods of time sitting to type, research and any other activities needed to complete the project.	Taking frequent breaks.	No	Frequent comfort breaks. Participants will be invited to move during the interview if that feels more comfortable.
Use of virtual platforms	Participants and researcher	Virtual platform can be susceptible to hacking.	Microsoft teams will be used and accessed via my university account which can only be access used my details and two factor authentication.	No	All appropriate measures will be taken to promote privacy and reduce the risk of hacking i.e. setting a password to allow entry into the interview meeting, and 'locking' the meeting once the researcher and participant are in; thus preventing anyone else from joining.

Interview process; distress	Participants and researcher	Emotional distress and discomfort caused by interview topic.	As a trainee clinical psychologist who has experience and as a qualified therapist in other settings I have been trained in managing distress and engaging in difficult or sensitive topics.	No	Debrief sheets will be given to everyone with a list of services they can access for further support. Before the interview I will have a conversation with participants about what they need if they become distress and ensure we have a plan in place that was created together. After the interview we will have time to close the interview together, perhaps do a guided meditation or speak about something unrelated. No one will be asked to speak on topics that cause undue distress, it will be at the participants discretion. For the researcher, I will debrief with a member/s of my research team as needed.
Dissemination	Participants	Possibility of self-identification or those who know the participants being able	Anonymisation of data and use of pseudonyms.	No	Participants have been made aware of this on the participant information sheets and have agreed to partake on that basis.

		to identify them based on direct quote used within the research write up.			Demographic information will not be presented alongside quote or other data. No identifiable date will be used in the quotes used e.g. services, locations, other people. No long, descriptive quotes of specific incidents will be included.
Data analysis	Research team (insider research)	Emotional distress for researcher and research team as team in one or more ways personally relate to the research topic.	The team will be aware of what we're discussing and will have the opportunity to take breaks as needed. No team members will be expected to share any more than they feel comfortable. Aside from myself and my primary supervisor the rest of the team have freedom as to if/when they want to engage meaning they can	No	Engage in self care practices including using annual leave, communicate with research team as and when needed.

			have long periods of time whereby they aren't engaging in the material if they so choose.		
Transcription services if used	Participants	Participants could be identified based on names or other such identifiers spoken during the interview process.	Should I need to use transcription services as a way to manage data collection with my dyspraxia, the transcribers used will be from a reputable service, and will have their own data privacy policies in place	No	

			that will align with ours.		
Data storage & note taking – preventing loss of data.	Participants and researcher	Use of computer could cause harm if the data is lost / saved in correctly and therefore ends up being viewed by someone it shouldn't.	All documents on the OneDrive are encrypted as standard.	No	Data will be backed up on computer and on the One Drive. Computer is a personal computer which is password protected. Any documents with identifiable information will be password protected on the computer. I will not use handwritten notes.

Signed by applicant: PCAPLETON	Dated: 8/6/25

APPENDIX L: Extract from Reflective Diary

18/06/2024

Had a meeting with my supervisory team today. I noticed that I felt a bit anxious about asking for help again, but I realize it's essential if I want to create a strong final product. The more I talk about it not just personally but related to my thesis, the more I understand that help-seeking is crucial and important. In a way my research project focuses on why it might be hard for some groups to ask for help and I certainly see the pattern in me. One thing I would say though is that it is important for me to separate my experiences from those of the participants as to ensure bias is not influencing my views but also to look at the topic with fresh eyes and a fresh mind. I assume help seeking might come out as a theme but it wont be the same for everyone, each experience will vary.

Definitely something I'll need to remind myself of throughout this journey. It's all about reaching out and making this a team effort.

30/09/2024

I have been facing some real obstacles with recruitment despite reaching out to various networks, I'm not getting the response rate I was hoping for. It's frustrating, and I don't think its linked to my study but its hard not to internalise things at this stage. I know recruitment is always tricky and I need to practice more patience. Still figuring out the best way to reach the right people... maybe I need to refine my approach or expand my outreach. I am planning on contacting the network of psychologists I have on linked in one by one to see the uptake. I have been contacted for research in this way and feel it would be the most personable approach. I also plan on reaching out to BAATN and BIPP networks if I need a few more people. 6 people is more than enough but if I could have 8 that would be perfect. If I still struggle within a month's time, I have thought about turning my focus on to trainees.

I have briefly spoken to supervisors about this decision, they don't necessarily agree because it changes the focus of the study slightly. My rationale is that there was an increase in access for trainees from minoritised backgrounds so this probably means more black women trainees than qualified. Happy to have patience, ride the wave of anxiety and see.

12/10/2024

I completed my second interview today. It was particularly interesting because many of the themes echoed those from the initial interview. Participants spoke about the helping role becoming part of their identity, being good at it, taking pride in it, and even struggling to let go of it due to the benefits it brings. At the same time, they acknowledged that this role can lead to burnout and, ultimately, cause harm.

What stood out to me was the cultural framing of these experiences. Rather than being seen as adverse childhood experiences, they are often normalised as cultural expectations. This seems to be linked to the generational nature of parentification and the way society views

Black women as inherently strong. When young Black women take on family responsibilities, it's often dismissed, as if it's no big deal, and they're expected to just get on with it.

There is definitely more to explore here. These patterns are complex, and the cultural context adds another layer that I find particularly compelling.

13/10/2024

While reflecting on my research today, a thought came up: it's often easier to intellectualise things in academia than to sit with the "research feels." For me, this brought up the idea that for many Black women who identify as overachievers, academic success can function as a way of managing the emotional world. It becomes a form of emotional regulation - a way to soothe and protect oneself.

Academia feels safe, predictable, and cognitive. It doesn't necessarily demand emotional vulnerability in the same way other spaces might. In this sense, overachieving can serve as a kind of self-preservation or coping strategy. In the short term, it offers relief, validation, and joy. It helps to remove the individual from a position of fear or uncertainty. But in the long term, it can become all-encompassing. It may take up so much of someone's identity that they start to believe their worth is tied entirely to being productive, helpful, or useful to others.

These thoughts came up after reviewing recent interviews. I'm now aware of how important it is not just to continue conducting the interviews, but to transcribe them as I go. This will help me ensure that I'm capturing the information in a way that truly answers the research questions and reflects each participant's unique experience.

As I mentioned previously, I'm here as Paris the researcher, not Paris the psychologist. Staying non-partial, reflexive and grounded in the research process is going to be crucial as I move forward.

21/11/2024

As I engage with the IPA process, I recognise the importance of bracketing, identifying my assumptions and questioning my interpretations, especially because some of my lived experiences are closely linked to this experience. Journaling has helped me practice this by reflecting on my approach and ensuring alternative ways of viewing participants' responses.

I've noticed that I sometimes equate rapport with depth in interviews, assuming a strong connection means richer data. However, it seems that even reserved participants provided valuable insights, and I must remain open to different expressions of engagement. One particular interview sticks out to me as I felt that the participant was more stand offish but going back over it, I've noticed that there was a lot of rich data found.

Reading John Paley's (2017) critique of bracketing has been thought-provoking. He argues that true bracketing may be impossible since our assumptions inevitably shape research.

Rather than striving for neutrality, I see value in acknowledging my influences, transparently and engaging in reflexive questioning.

Temporality – Time and Experience

A discussion about this was also shared and very insightful. We spoke about temporality which is the state of existing within or having some relationship with time. It seems that for many, parentification is not just a past event but an ongoing influence on identity and professional roles. This might suggest a complex relationship with time - where self-sacrifice and responsibility continue to shape how they navigate their present.
I will continue using journaling to challenge my interpretations, ensuring a more nuanced and thoughtful engagement with the data.

5/01/2025

Now that I have completed my final interview, I have reflected on the key themes that emerged across participants. While each person's experience was unique, several patterns highlighted the lasting impact of these experiences on their lives.

Following an initial read-through of the transcripts, several recurring themes have begun to emerge. All participants referenced their training year, often framed as a particularly demanding time that brought key identity and boundary issues to the surface. A double-edged sword became apparent in how traits like independence, resilience and determination, while often praised, were also linked to poor boundaries, overworking and emotional strain.

Parentification itself was rarely identified as problematic; instead, it was normalised and framed as a culturally expected role, especially for eldest daughters. This caregiving role was often passed down from mothers, though fathers also contributed, either through absence or by relying on their daughters to compensate for a maternal gap.

Participants frequently discussed poor work boundaries, shaped by modelling that encouraged doing more than required and accepting blurred professional limits. Many described feeling taken advantage of, both in personal and professional contexts.

A strong theme of advocacy emerged, particularly for vulnerable individuals, which often reflected a projection of the care and protection participants wished they had received themselves. These roles and expectations appeared to be reinforced by other Black women, highlighting powerful intergenerational dynamics that continue to shape identity and professional behaviour.

21/3/25 Analysis

I've finally completed the analysis of all my papers, and although I'm relieved, I can't ignore how long this section took me. It definitely dragged on longer than I anticipated, but when

you're juggling multiple demands, it's easy to delay the things that feel the heaviest. Looking back, I realise the delay wasn't just about time or competing priorities. It was emotional. This work is deeply exposing. I knew from the jump that the topic resonated with my lived experience, but I didn't fully anticipate just how triggering it would feel to be this close to the material. There's a kind of emotional labour that comes with staying engaged with something that mirrors your own history.

I've begun to notice that some of my avoidance might have been protective. An unconscious way of managing just how raw and personal the process has been. As I now immerse myself more fully in the data, I feel a degree of anxiety about what might surface emotionally. I'm aware that these are moments where I will need to lean on supervision, not just for academic support but also to hold the emotional and identity-based weight of the work.

What has struck me most is how closely I identify with many of the participants. I see parallels of myself in their stories. The self-silencing, the emotional suppression, the instinct to care for others while neglecting the self, and the resistance to vulnerability. There's also this relentless drive to succeed, which on the surface looks like ambition, but underneath, I recognise it as a form of survival.

I've spoken to my supervisor about all of this and feel like I'm developing a more compassionate understanding of myself and the work. There's something empowering in naming these dynamics and making space for both the researcher and the person within me.

1/05/25

The writing phase has surprisingly been one of the most enjoyable parts of the research process. I've found that because I now hold a deep and embodied understanding of the topic, the act of writing has felt far less intimidating than I initially imagined. Reflecting on my findings has come quite naturally, and I've been able to draw meaningful connections between the themes that emerged and the wider literature with more ease. It's as if everything is finally clicking into place.

I feel genuinely proud of the research I've carried out. There were times earlier in the process when I doubted whether this was the right topic, whether it would be too close, too heavy, or too ambitious but I'm so pleased I stayed with it. The personal relevance has deepened my commitment, and rather than feeling like a barrier, it's given the research clarity, depth, and direction.

One of the most powerful realisations during the write-up has been the direct link between experiences of childhood parentification and the decision to become a clinical psychologist. What's more, I've come to see how these early caregiving roles shape not just career choice, but the *way* people practise. Patterns of emotional vigilance, over-responsibility, and hyper-attunement appear to carry through into how people show up. Being able to articulate this through the voices of my participants has been profoundly affirming.

The results section in particular was a joy to write. I hadn't anticipated how well the participants' quotes would speak to each other, almost as if in conversation. Their responses aligned in such a cohesive way that it felt less like writing and more like listening and weaving a thread though a shared story. There was something unexpectedly seamless about the way their experiences complemented one another, despite their individual differences.

Writing the discussion also flowed more easily than I anticipated. It felt like a natural extension of the analysis, bringing everything together while allowing space to reflect on implications, limitations, and directions for future research. I know that my detailed planning made a real difference here, as it gave me the structure and confidence to write with clarity and intention.

On a more personal and emotional level, this part of the process has felt like a release. I've been able to breathe more deeply, let go of earlier anxieties, and actually enjoy the intellectual and creative labour involved. For the first time in a long time, I feel connected to the work again, not just as an assignment, but as a meaningful journey. I can honestly say that I am falling in love with research in a way I never expected. And however long it takes, I want to honour that feeling. It's a good one.

APPENDIX M: Asha List of Experiential Statements

1. Parentification is studied in textbooks, yet for some, it is lived before it is learned, creating distance from its personal impact. *P1*
2. A child becomes a crutch, steady and relied upon while the weight of responsibility goes unnoticed. *P1*
3. More than just a child, but also a friend, counsellor, and parent, fulfilling every role except their own. *P1*
4. Some children care for siblings and cook, spoken about as if describing others, though the reality is personal. *P1*
5. With a mother lost in depression and a home overshadowed by violence, a child steps in before ever knowing childhood. *P2*
6. Constant moving home sever connections, isolating the mother and making the child the family's emotional anchor. *P2*
7. Encouragement is given freely urging a mother to live and leave yet no one asks who supports the child. *P2*
8. With a mother living in fear, the daughter became the protector, fearless on the outside, but only because someone had to be. *P2*
9. Her own needs were set aside saying she didn't need money for school, knowing her mother was struggling. *P2*
10. By 11, caring for a younger brother became second nature, responsibility replacing childhood. *P2*
11. Responsibility fell on her not just as the eldest, but because she was outspoken enough to carry it. *P3*
12. Bravery is how others see her, but it was simply survival. *P3*
13. Standing up for a bullied classmate mirrored the role she played at home, defending those who couldn't defend themselves. Caring for others came naturally, whether for family or strangers. *P3*
14. With a young, isolated mother, leaning on her daughter became easier than finding support elsewhere. *P3*
15. When her father fought with the children, her brothers would cry and give up; she would get up and keep going, refusing to be defeated. *P4*
16. Knocked down but always rising, resilience forged in childhood, a pattern of pushing through adversity. *P4*
17. Where others in the family stayed quiet, she confronted ,choosing to fight while they chose silence. *P4*
18. Her mother admires her strength, wishing she could stand up for herself the same way. *P4*
19. Early experiences shaped a deep need to support others, especially those who are struggling. *P6*
20. If someone asks for help, the urge to fix it immediately is overwhelming. *P6*
21. Being unable to help others creates anxiety, as if responsibility extends beyond herself. *P6*
22. Supporting others comes naturally, but when that support isn't returned, resentment builds. *P6*
23. High expectations of self translate into high expectations of others, creating both drive and disappointment. *P6*
24. A contradiction emerges expecting much from herself, yet struggling to accept help from others. *P6*
25. Help is offered but never accepted, being a single mother with friends willing to support, yet refusing to rely on them. *P7*
26. Trust comes with hesitation ,if someone offers help, do they truly mean it? *P8*
27. Help has been turned down twice, not out of pride, but because relying on others feels uncomfortable, unsafe. *P8*
28. Receiving help feels like weakness, as if strength is measured by doing everything alone. *P8*
29. Childhood required independence ,there was no one to lean on, so self-sufficiency became second nature. *P9*
30. At 15, self-harm was met with silence her mother saw but said nothing. *P9*
31. Her mother's emotions always took priority, leaving her own feelings

unacknowledged or ignored. *P9*

32. Resilience is a badge worn with pride, yet it makes patience thin for those who struggle with things she sees as minor. *P9*

33. Empathy shifts between deep understanding and sudden frustration, as if caring too much turns into anger. *P9*

34. Growing up without help made asking for it now feel unnatural, as though self-reliance is the only option. *P9*

35. Early responsibility built strength, independence, and a deep instinct to care for others. *P10*

36. Strength wasn't a choice ,watching her mother struggle meant becoming the person her mother couldn't be. *P10*

37. Where emotional support was absent, the role reversed ,her mother's emotions took priority, leaving hers unspoken. *P11*

38. Her mother feared her father, and it became her role to provide reassurance, though she was just a child. *P11*

39. Being her mother's emotional support system left no space to lean on her in return ,her mother couldn't contain emotions, so they remained unshared. *P11*

40. Strength was a necessity, not a preference, someone had to hold things together, and her mother never could. *P11*

41. Works in forensics, witnessing parallel patterns of serious criminal behaviour seen within her own family. *P12*

APPENDIX N: Asha Personal Experiential Themes (PETs)

Theme 1: "I've Been Doing This Since I Was a Child"

This theme captures how caregiving, and advocacy were taken on as a continuation from childhood. From a young age, the participant fulfilled roles well beyond her years, normalising this experience. The psychological imprint of early responsibility became foundational to how she now relates to others and steps into the therapeutic role.

Theme 2: "I'll Hold It Together So No One Else Has To"

Beneath her strength lies a long history of emotional suppression, where her needs were not met in order to be the calm, supportive presence for others. This theme explores how the cost of caregiving has been invisibility. This is a pattern that continues into her professional and personal life through hyper-independence and difficulty receiving support.

Theme 3: "It Wasn't a Career, It Was Continuation"

This reflects how her journey into psychology didn't begin with ambition or choice, but as a natural extension of the emotional labour, attunement, and responsibility she had from being parentified. The skills she uses in therapy were learned through surviving before training.

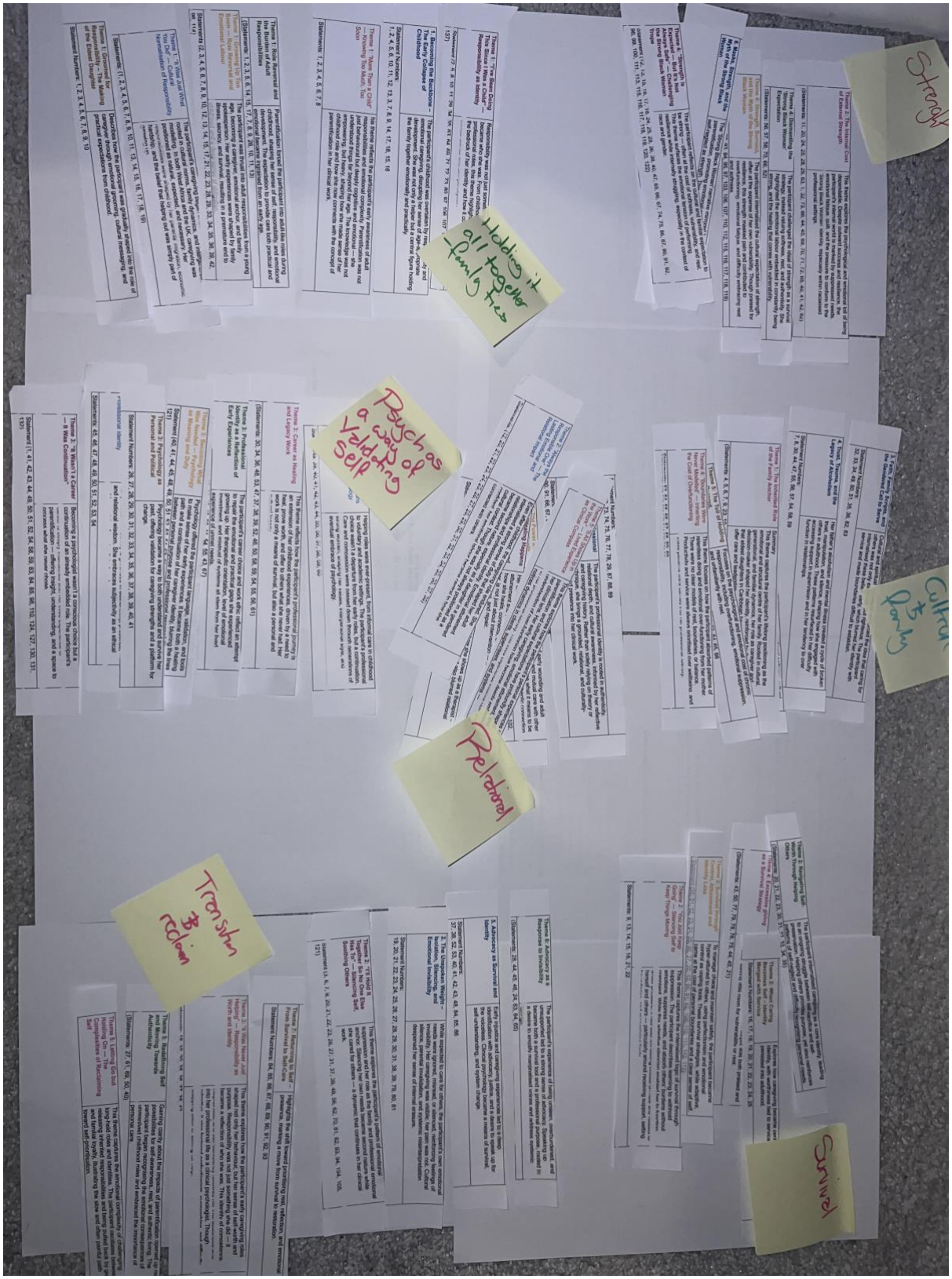
Theme 4: "Strength is Expected - But It's Not Always Safe"

Here, she grapples with the cultural and internalised expectation to be strong, self-sacrificing, and resilient. The theme highlights the tension between surviving and thriving, the invisibility behind perceived competence, and how over-functioning often limits the space for vulnerability, both in life and in the therapy room.

Theme 5: "Healing Happens in Relationship"

Relational depth is both her natural instinct and her professional strength. This theme explores how she reads body language, silences, and emotions with care. This approach to therapy is rooted in lived experience and it is through connection and relational repair that healing becomes possible.

APPENDIX O: Example of IPA Process (GETS)



APPENDIX P: Participants Understanding of the Parentification Construct

Understanding of the Parentification construct & Lived Experience

	Definition of Parentification *"So to start, how would you define parentification and how would you describe your parentification experiences growing up?"*	**Reasons for Parentification**
Imani	"P: My idea of parentification is more that I have a parent role in my relationship with my parent. So like they have more of a childlike role or they can have a parent role and a childlike role. But I also have a type, a parent type of role too."	Raised in a matriarchal family system with blurred generational roles Early caregiving shaped by mother's young age and single-parent household Took on responsibility as the eldest daughter
Zenzi	I: P: For me, it's quite broad in a few different ways, but I think it's kind of the you're almost turned into a little adult from a very young age. And when I was younger, like a lot of what I would end up doing would almost be as if I'm the parent, not only to my siblings, but also to my parent. And then because that started so early on, I'm always a bit like, oh, well, when was I actually a kid? Because I always say I feel like I've been an adult since I was about seven or eight years old. And just the amount of responsibility that gets piled on to you when you're parentified is like, not what should happen really.	Assumed care responsibilities due to Mothers illness from a young age Stepped into a caregiving role when older sibling was unavailable Managed both younger sibling care and emotional support for Mother Single parent household
Nyah	P: Me, I would define it as when a child is called into a role beyond their developmental stage ability and their role. Due to an inability for some reason or another on the parents. Behalf to to fill the shoes of what it means to be a parent, and that could be in different ways. Whether that's because of. Logistical aspects and inability to. Support with that and so the child is pulled into taking on that role or it's emotional because the parent doesn't have additional emotional support. But yeah, I see it when a child is pulled into a role	Took on adult responsibilities due to ongoing health issues with mother Parental isolation and trauma history contributed to emotional reliance Exposure to domestic violence within the household

	beyond their own and beyond. Often their own skills and capacity. Even though they might seem very able.	Gendered expectations influenced family role distribution
Mirembe	I would define it as a a young person, a child yet to be an adult, taking on not only adult roles, but roles that would typically have been held by a parent.	Parental absence due to work demands and migration stress Inherited caregiving role within a pattern of intergenerational responsibility Developed adult-like responsibility in response to family needs as well as being eldest child in family unit
Asha	P: So in my mind I've got like the textbook kind of definition and I guess it's something about. Feeling that you're, you know, you have, the child has to emotionally support one or both of the parents. Or kind of be mediating in some way between them or it could be one of the parents is experiencing some kind of difficulties, kind of emotional difficulties and almost like the child's the kind of the kind of crotch, so to speak. Almost like it's like a friend sometimes and not a parenting relationship, but you end up becoming a bit of the parent to your mother or father. But also I guess the other side of that is it makes me think about kind of the practical and like households where the children take on tasks at a much earlier age, such as maybe cooking or, You know, looking after siblings and things like that. So I guess that how I define it.	Emotional caregiving in response to parental mental health challenges Disrupted family dynamics due to paternal violence and multiple family relocations Early assumption of practical and emotional household roles
Kamaria	P: Oh, interesting. So I would say parentification is encouraging a child to take on responsibilities that are perhaps above and beyond what would be expected for their age. I think initially when I came across the term, I think I thought about it more in terms of like household chores or responsibilities, maybe for younger siblings, but I suppose particularly your research and I guess just kind of the like guys on social media, maybe thinking a bit more about emotional support as well, and perhaps being Privy to information that they shouldn't be or trying to support a parent or an elder in a way that again wouldn't be expected for their age or I guess shouldn't be expected. But then that comes with all its, you know, who's who's saying should, who should kind of think. But I suppose, yeah. Just sort of. Current society's expectations. Let's put it that way. In the West, in England.	Took on added responsibility following parental separation Economic strain required early maturity and emotional independence Often supported parent in ways that exceeded age expectations Eldest daughter

Ama	P: That's a good question I would well I guess what kind of comes to mind when I hear that word would be more so like parents or adults Putting on, putting pressure on children to carry out tasks or duties or fulfil roles that are beyond their years and that they're adult counterparts should be doing so that could be physical tasks or emotional tasks and it or a combination. That could be things that fulfil the family unit or support the family unit it could be things that pertain to your siblings or your parents or other people outside of the immediate family as well but I'm mainly kind of drawn to the I guess systems or the situations that pertain mainly to the immediate family.	Required to manage both emotional and practical roles due to chronic paternal illness Maternal overworking led to increased household and sibling responsibilities Gendered expectations influenced family role distribution
Zola	That's a really good question. I guess experiencing it. The first word that came to my end and I know it's a weird word It's almost being groomed, being groomed into a particular role and then we often see grooming as like a sexual thing. But I think it's the transference of power and being groomed into a role, being groomed into a second mother or a sister wife or the eldest carer whatever it is. But yeah, being groomed into a role is like the first word that came to mind. It wasn't a willing thing, it wasn't you know, when you're groomed, you're not, you're not even aware what you're into until other people have actually told you this is what has happened to you. Parents are never going to be the one to tell you that's what's happened, or even identify that that's what's happening. It's just something that over time that I've read and I'm like, oh, yeah, I guess that's the process I've been through, I've been groomed into that because yeah, I was. I didn't volunteer that.	Became primary support figure in a large family due to emotional and physical parental absence Caregiver leaned on child to compensate for areas where support or capacity was lacking Described her role as a “second parent” shaped by family expectations and cultural pressures

APPENDIX Q: Participant Parentification Status

Pseudonym	**Parentification status**			
	Emotional	**Indicative evidence**	**Instrumental**	**Indicative evidence**
Imani	**X**	She needed me. I needed her kind of situation. (41) Right. I don't, I don't know because I don't want to. My mom is amazing. I literally love her we're really, really close. But she's not very emotional or she wasn't. I think that is her way of coping with stuff. She will just be like, it's fine. So I didn't have that emotional support. And I'm quite an emotional person and I had to offer that support. So I think as I got older, I thought of it just like, oh, I wish I had. Actually wish I had a big sister but anyway. (230-235)	**X**	Yeah. The other day, my little brother, I came up from holiday and my little brother messaged the group chat and was like [participant] what's for dinner. I was like, I just got off the plane. Your mum is sitting right next to you. I don't know what's for dinner, but yeah, I still went to the shop and made Sunday dinner. Even though I just got off the plane. I feel like it's just expected of me, it's just it's just now a routine. (57-62) Siblings My mum's also a single mum so I think that plays a big part in like it takes a village to raise kids so she needs help. And OK, maybe she might have not have had that much help with me, but I can help with the siblings. (79-81)
Zenzi	**X**	If my mum was upset, she would tell me about it and ask me what she should do. And like how she should resolve the problem. (30-31) Or if like something had bothered her that day she come to me for the debrief and already been that age I was having to work out. Well, what are you meant to do when somebody else is upset? How do you help them manage how they feel? But then none of that ever came back from my	**X**	They need to know how to look after a house. They need to know how to cook. They need to know how to look after a husband when they get one. So because that was so normalised anyway, I think this just exacerbated it because it was very much like, yeah, you need to know how to do all those things anyway. And the whole family agrees. (42-46)

		mum towards me. Like if I was upset, she couldn't manage it. But if she was upset, I needed to do something about it. (36-40)		So from the age of nine, I was like. Going to the post office to pay bills, I was going to the corner shop to get the electric. I'd have my mum's bank card to get money out of the machine and then I'd have to buy our food for the week. Basically, I had to do everything that an adult would do because my mum became no longer able to do anything at all. But then I also had a younger sibling so she was two when my mum started getting I'll. So I also had a baby that I was responsible for from age 9 and sometimes I feel like I'm about to laugh when I'm talking about it, but I think maybe that's how I've processed what's happened. I processed most things with humour. (66-75)
Nyah	**X**	And so I think there was, if I think of emotional parentification. That's always been the case in my relationship with my my mum in particular. Where? She didn't really have much support systems. She didn't really have friends because of prior experiences of like abuse and. People breaching her trust and so she was very kind of, I guess, isolated. And so I was her friend and that kind of enmeshment was there and. And so yeah, I stepped into that kind of role of kind of	**X**	And then she became sick. And so she was in incapacitated. And so with my mum being sick, she could do less and less. And my dad kind of started doing a bit more. But then I also, my dad worked full time. So then I stepped in so I would do a bit more cooking. And I would do a bit more cleaning. And so I kind of took on that role as well. Like Chris, I remember like cooking Christmas dinners when I was like 10. You know, I would be the one who prepares everything and and things like that.

		emotionally being a support system for my mom, someone she could talk to, someone who understood her. (35-44) And so because I live in the household, it was easy to talk to me about things. And so if her my dad had an argument, or if there's an incident that happens between my mum and my dad or my dad and my brother, you know, I would often be kind of called in to to be a sounding board or to be. A mitigator or to help repair those ruptures because of my relationship, my relationship with each of the individuals separately and my. Seeming capability, even though really and truly I was a child. (47-53)		And I do the food shopping for the family, like as a teenager. So I would manage a family budget and be like, OK, like, this is what we're going to have this for, for food this week (62-71)
Mirembe		*Parents relied more on faith and one another for emotional support but that was very minimal. Was in survival mode so didn't really make space for emotions*	**X**	So he was the baby of the house, but in many ways it almost felt like he was my baby. Because I had, I did a lot of just supporting, would take him to School. Sometimes pick him up. We'll take him to his various activities. And just the sort of things would help in the house when with meals, Prep would cook independently and support my mom. If the parents were out and we weren't joining them, I'd sort of kick watch over my younger siblings. Just things like that. So I I had to grow up quick. (48-57)
Asha	**X**	when knowing that my mum was kind of. feeling low and things like that or isolated, I was the one who was always	**X**	I think I don't know if this is parentification, but I feel like we, I didn't

		encouraging her to kind of get out there and do stuff and also like telling her that she should leave dad and things like that at quite a young age. I do remember one time when you come to our house, he wasn't living with us and my mum was like, really, really scared because my dad was very abusive. And I told my mum to leave, like to protect my mum. So I told her to kind of leave the house. (33-40)		cook or anything like that, but I feel like I was given a lot of responsibility to look after my brother after school when we were maybe 11. I well, I was 11 and he was three years younger than me, sometimes 10 and I would like look after him quite a lot. So yeah. (47-51)
Kamaria	**X**	but I guess also as I got a little bit older. Just my mum. Perhaps venting a bit more about her frustration with my dad around what he was doing, what he was not doing, her Mental health, how she was stressed or perhaps not feeling great in herself, and I don't think she was looking for me necessarily to say anything or give advice, but certainly kind of receiving that, I think. (54-58).	**X**	So one of the things I remember, maybe about the age of like 10, was my mum going right? It's your responsibility to do the laundry now for you and your brother, for your school clothes. So you know this is, this is when it needs to happen, it happens on a Friday night. If you don't, we don't have a you know tumble dry back in a day. You have to put them out. Put them on the clothes line or put them on the line outside. If you do not put them out in time, I won't be able to get them ready, my mum will do the ironing too… I won't be able to get them ready on Sunday evening or they'll be wet and you'll be going to school in wet clothes. So make sure you get them done on time kind of thing. So that was, I guess, a really tangible thing. And then other chores. So I'm, like, hoovering around probably the same age. (33-43)

				P: Looking after my brother so my my mum would need to go sometimes work other jobs in the evening and sometimes there were people who could babysit for us. Sometimes they couldn't, so it would be OK, I need to go out. I've got my other job. Look after your brother. Yes. You're about sort of eight or nine years old. Don't answer the door if anyone turns up and I'll ring you like there'll be like a code. I'll ring you like several times in a row. Then you know it's me. (46-51)
Ama	**X**	I would say mine fell more within like the emotional sense, Yh I did some physical things but I think my brother definitely had to take on more of that role whereas I was more of like the emotional parent for like my siblings and my parents. (24-26) And then separately from that like my dad 's very like, he's got a learning need and he's also a bit like more like he was like more dependent on me especially emotionally but also just like he never really wanted to do things by himself I don't know why that was (74-77)	**X**	So that then kind of creates that kind of separation between us at that point and then yeah like my brother and I had to like come home from school make sure that the house was clean there was like dinner for everyone and do like the shopping, like all of the kind of things that like a parent should kind of do like we had to like hold that down. (69-73)
Zola	**X**	It came as cooking meals for the youngest when she was working late or taking them to school, picking them up from school, helping them with their homework (40-41)	**X**	listening to my mom's adult problems that she didn't realise she was opening up to me about, but also reminded me that I was a child at the same time. So hearing the information regardless. I guess as the years developed, being more of a confident to her more explicitly she would come to me yeah (41-45)

				Organisation skills, again, in terms of cooking, picking up the different children from different places, I had to be very clear on what I was doing for other people. Filling my diary, my schedule had to be based on others, so I had to be very careful with what I do with my time. So being more organised in my own time. (410-413)