




# Relationship between Childhood Parentification, Adult Attachment Styles, and Addiction: A Review

## Çocukluk Çağı Ebeveynleşmesi, Erişkin Bağlanma Stilleri ve Bağımlılık Arasındaki İlişki: Bir Derleme

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### Abstract

Childhood parentification—a role reversal in which children assume caregiving responsibilities for their parents—has emerged as a significant early-life risk factor for adverse mental health outcomes in adulthood. This narrative review synthesizes the literature on the long-term psychological effects of parentification, focusing particularly on adult attachment styles and addiction risk. Drawing from attachment theory, family systems theory, and developmental psychopathology, the paper explores how unmet emotional needs and disrupted caregiving dynamics contribute to insecure attachment patterns, emotion regulation deficits, and the use of maladaptive coping strategies, including substance use and behavioral addictions. Evidence from cross-sectional, longitudinal, and intergenerational studies is presented, highlighting consistent associations between childhood parentification and increased rates of depression, anxiety, personality disorders, and addictive behaviors. Special attention is given to the mediating role of adult attachment insecurity and the intergenerational transmission of caregiving dynamics. Clinical implications include the importance of assessing early family roles in psychotherapy and addiction treatment, with recommendations for attachment-informed interventions. Gaps in the literature are discussed, emphasizing the need for longitudinal research, cultural comparisons, and examination of resilience factors. The review underscores that while parentified children often carry invisible burdens into adulthood, therapeutic insight and targeted interventions may offer pathways to healing and relational growth.

**Keywords:** Family relationships, attachment, parentification, adverse childhood experiences

### Öz

Çocuklukta ebeveynleşme—çocukların ebeveynlerine bakım verme sorumluluğunu üstlendiği rol değişimi—erişkinlikte olumsuz ruh sağlığı sonuçları için önemli bir erken dönem risk faktörü olarak ortaya çıkmıştır. Bu anlatı derleme, ebeveynleşmenin uzun vadeli psikolojik etkilerine dair literatürü sentezlemekte, özellikle erişkin bağlanma stilleri ve bağımlılık riski üzerine odaklanmaktadır. Bağlanma kuramı, aile sistemleri kuramı ve gelişimsel psikopatoloji çerçevelerinden yola çıkarak; karşılanmamış duygusal ihtiyaçlar ile bozulmuş bakım verme dinamiklerinin güvensiz bağlanma örüntülerine, duygu düzenleme güçlüklerine ve madde kullanımı ile davranışsal bağımlılıklar gibi uyumsuz başa çıkma stratejilerine nasıl yol açtığı ele alınmaktadır. Kesitsel, boylamsal ve kuşaklar arası çalışmalardan elde edilen kanıtlar, çocuklukta ebeveynleşmenin depresyon, anksiyete, kişilik bozuklukları ve bağımlılık davranışları oranlarında artışla tutarlı biçimde ilişkili olduğunu ortaya koymaktadır. Özellikle erişkinlikteki güvensiz bağlanmanın aracı rolü ve bakım verme kalıplarının kuşaklar arası aktarımı vurgulanmaktadır. Klinik açıdan, psikoterapi ve bağımlılık tedavisinde erken dönem aile rolleri hakkında değerlendirme yapılmasının önemi vurgulanmakta; bağlanma temelli müdahalelere yönelik öneriler sunulmaktadır. Literatürdeki boşluklar ele alınmakta, boylamsal çalışmalara, kültürel karşılaştırmalara ve psikolojik dayanıklılık etmenlerinin incelenmesine olan ihtiyaç vurgulanmaktadır. Bu derleme, ebeveynleşmiş çocukların erişkinlikte sıklıkla görünmeyen yükler taşıdığını, ancak terapötik farkındalık ve hedefe yönelik müdahalelerle iyileşme ve ilişkisel gelişim için yollar açılabileceğini ortaya koymaktadır.

**Anahtar kelimeler:** Aile ilişkileri, bağlanma, ebeveynleşme, olumsuz çocukluk deneyimleri

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## Introduction

Childhood parentification is a role reversal in which a child assumes developmentally inappropriate caregiving responsibilities within the family. In parentified families, the child must support the family system in ways typically expected of a parent.(1–3) Two forms are commonly distinguished: instrumental parentification, where the child takes on practical duties (e.g., cooking, managing household tasks), and emotional parentification, where the child must fulfill the emotional or psychological needs of a parent (e.g., acting as a confidant or peacemaker).(4) Such role reversals violate normal parent-child boundaries and are considered maladaptive when burdensome and sustained.(5)

Interest in parentification has grown because this early family dynamic is linked to difficulties later in life, notably adult attachment problems, and various psychiatric outcomes. Individuals who were parentified as children often report insecure attachment styles, relationship difficulties, and higher rates of mental health issues such as depression, anxiety and personality disorders.(6,7) Moreover, recent literature has begun to explore how childhood parentification may increase vulnerability to various forms of addiction in adulthood, including substance use disorders and behavioral addictions. This link may be mediated by emotion regulation deficits, attachment insecurity, or coping motives rooted in early caregiving burdens.(8) This review systematically examines the literature on the relationship between childhood parentification and adult attachment problems in a psychiatric context. It also aims to synthesize emerging findings on how parentification may contribute to addiction risk, including both substance use and behavioral addictions. This dual focus reflects a growing recognition that early caregiving burdens may shape not only attachment difficulties but also maladaptive coping strategies in adulthood.

## Method

This narrative review was conducted to synthesize peer-reviewed literature examining the relationship between childhood parentification, adult attachment styles, and addiction. A comprehensive literature search was performed across major academic databases, including PubMed, PsycINFO, Scopus, and Google Scholar.

Studies were included based on the following criteria: (1) published in English and Turkish between January 2000 and March 2025, (2) addressed parentification during childhood or adolescence, (3) reported psychological or relational outcomes in adulthood—particularly those related to attachment styles or addiction, and (4) employed quantitative, qualitative, or mixed-method designs. Review articles, meta-analyses, and empirical studies were all considered eligible for inclusion.

Additionally, the reference lists of all included articles were manually reviewed to identify further relevant publications. In total, 43 studies that met the inclusion criteria were examined in detail and analyzed thematically.

## Theoretical Frameworks and Conceptualization

Understanding why parentification might lead to adult attachment and psychiatric problems requires examining several theoretical perspectives. The two primary frameworks invoked in the literature are attachment theory and family systems theory, with contributions from developmental psychopathology and contextual family theory.

### Attachment Theory

Attachment theory (Bowlby, Ainsworth) provides a foundational lens for conceptualizing the long-term impact of parentification. In attachment theory, a child's sense of security and ability to form healthy relationships is built on consistent, nurturing care from parental figures. Parentification disrupts this process: the parentified child is forced into a caregiving role and often cannot rely on the parent for appropriate support

or protection. Instead of the parent attuning to the child's needs, the child is meeting the parent's needs, leading the child's attachment needs to go unmet.(9) Over time, this dynamic can yield insecure attachment styles in adulthood – commonly anxious or avoidant attachment – as the individual struggles with trust, autonomy, and feeling worthy of care.(10,11) For example, a parentified child may become an adult who is attachment-anxious (craving closeness but fearing abandonment) or attachment-avoidant (emotionally distant and uncomfortable with intimacy) due to early experiences of unreliable caregiving.(6) In support of this view, numerous studies find that adults who were parentified report significantly higher attachment anxiety and avoidance in their relationships.(3-6) Attachment theory thus predicts that childhood role reversal is an attachment trauma that undermines the formation of a secure base. Indeed, researchers have identified insecure attachment as a key mechanism linking adverse childhood experiences like parentification to later psychopathology. (12)As Sheinbaum et al. (2015) conclude, “attachment theory can inform lifespan models” of how harmful childhood environments increase psychiatric risk, with insecure attachment serving as a “promising mechanism” and a potential target for intervention.(13)

## Family Systems Theory and Contextual Perspectives

From a family systems perspective, parentification is a breakdown of healthy generational boundaries within the family. Salvador Minuchin and colleagues (1967) were among the first to describe this phenomenon, noting that “the parent and child swap roles in some dysfunctional families.” The term parentification was introduced to describe this inverted hierarchy. (5)In structural family theory, a boundary dissolution occurs: the child steps into a quasi-parental role, and the parent abdicates or cannot fulfill their role, leading to confusion and stress. Ivan Boszormenyi-Nagy's contextual family theory (1973) further elaborated on parentification in terms of family loyalty and fairness. He described how an “invisible loyalty” may compel a child to care for a needy parent, essentially parental-child role confusion.(14) However, this comes at the cost of the child's own developmental needs. The contextual theory emphasizes the injustice of a child unfairly burdened with adult responsibilities and the possible resentment or psychological cost if the “ledger” of give-and-take in the family is unbalanced.

Family systems and contextual frameworks suggest that parentification can have ripple effects across development and even generations. Children in a role-reversed family often learn to ignore their needs, over-function in times of stress, and may develop a false sense of responsibility for others' emotions. These patterns can be internalized and carried into adulthood.(15,16) For instance, a parentified child may become an adult who feels compelled to “take care” of friends or partners at the expense of their well-being or who has difficulty allowing themselves to be cared for. Empirical evidence supports this intergenerational pattern: one study found that women who were parentified in childhood later showed lower warmth and responsiveness to their infants and unrealistic expectations of their children, thereby risking a repetition of the cycle.(17) In short, family systems theory frames parentification as a maladaptive family role assignment that can derail normal emotional development and healthy relationship patterns.

## Developmental Psychopathology Perspective

Integrating the above, a developmental psychopathology approach views childhood parentification as a form of chronic stress or relational trauma that can precipitate psychopathology. Parentification often co-occurs with other adverse childhood experiences (e.g., parental mental illness, substance abuse, divorce, or loss). The child's chronic stress of “growing up too soon” may dysregulate their emotional development and coping strategies. Over time, this can manifest as internalizing disorders (depression, anxiety), difficulties with emotion regulation, and maladaptive interpersonal behaviors. Some authors explicitly label parentification as a type of attachment trauma – a relational disruption that leaves lasting “holes” in the child's internal working model of relationships.(18) Notably, not all outcomes are adverse (as discussed later); some parentified children develop resilience or exceptional caregiving skills. However, the prevailing theoretical expectation is that the earlier and more unfair the parentification, the greater the risk for later adjustment problems. We now turn to how researchers have investigated these concepts empirically.

## Research Methods in Parentification Studies

### Measures and Study Designs

Research on childhood parentification and adult outcomes commonly uses non-experimental, cross-sectional designs. Many studies rely on retrospective self-report data from adolescents, college students, or clinical adult populations, in which participants recall their childhood caregiving roles and current psychological functioning. These designs, although limited in establishing causality, are standard due to the ethical and practical barriers associated with prospective parentification research.

To quantify parentification, widely used tools include the Parentification Inventory and the earlier Parentification Scale. (4,19) These instruments distinguish between emotional and instrumental roles and assess perceived unfairness—whether caregiving was experienced as burdensome or appreciated. Adult attachment is most often measured through standardized questionnaires, such as the Experiences in Close Relationships scale, or through structured interviews like the Adult Attachment Interview. Psychopathology outcomes (e.g., depression, anxiety, personality disorder traits) are assessed using clinical interviews or validated scales such as the Beck Depression Inventory or DSM-based checklists.

Notably, a meta-analysis by Hooper and colleagues (2011) synthesized data from these self-report studies and confirmed consistent links between parentification and mental health difficulties. Despite variations in measurement tools, the cumulative evidence supports the validity of these associations across studies. Because most research designs are cross-sectional, causality is inferred rather than directly tested, highlighting a key limitation in the current literature. (20)

### Longitudinal and Observational Studies

A smaller subset of research employs longitudinal designs or observational methods. Some longitudinal studies follow children from high-risk families into adulthood to track outcomes of early parentification. For instance, a prospective study by Nuttall and colleagues followed young mothers who had been parentified as children; results showed these women had more difficulty in responsive parenting, and their toddlers exhibited more behavior problems than controls. (1) Another longitudinal approach is seen in developmental studies of role-reversal in early childhood: researchers have observed interactions (e.g., in mother-child play sessions) to identify role confusion and then related those observations to child attachment security and later adjustment. Such studies (e.g., Macfie et al., Lyons-Ruth) provide fine-grained evidence that role reversal at age 2–3 predicts insecure or disorganized attachment in the child and subsequent social-emotional problems. (22) However, longitudinal research that begins in childhood and assesses adult attachment outcomes is still rare – an often-cited research gap. (23) Most “long-term” findings rely on adults’ retrospective accounts of childhood rather than direct prospective data.

### Samples

Research samples range from non-clinical to clinical populations. Many early studies examined college students or community adults, which often skewed samples toward young adults with relatively high functioning. More recent work includes clinical samples (e.g., adults in therapy or individuals with psychiatric diagnoses) to study parentification in a psychiatric context explicitly. (24) For example, some studies compare a clinical group (patients with depression or anxiety) to a non-clinical group on parentification history. (25) Others recruit specific populations, such as adult children of alcoholic or mentally ill parents, where parentification is likely. There is also cultural diversity in samples: research has been conducted in North America, Europe, Asia, and other regions, including immigrant families and minority populations. Cultural context is important, as the meanings and prevalence of parentification can vary – for instance, in communities with war, illness (HIV/AIDS), or large families, children may commonly take on caregiving roles out of necessity. (26,27) Finally, regarding adult age groups, while young adults have been most studied, some research includes middle-aged adults (especially when examining parenting behaviors or lifelong

mental health), and a few studies implicitly cover older adults via broad age ranges. Still, targeted research on older adult outcomes of parentification is scant. This suggests a need for lifespan approaches that consider whether the impact of parentification endures into late adulthood or perhaps attenuates over time.

## Key Findings: Parentification, Adult Attachment, and Psychiatric Outcomes

### General Association with Adult Psychopathology

Decades of research converge on the finding that childhood parentification is associated with an elevated risk of psychopathology in adulthood. The meta-analysis by Hooper et al. (2011) quantified this relation across 12 studies: parentification in childhood had a significant positive correlation with overall adult psychological distress (mean effect size  $r \approx .14$ ). (4) While this effect size is in the small range, it is reliable – indicating that on average, individuals who underwent parentification are more likely to experience mental health problems later. The types of psychopathology linked to parentification are wide-ranging, but the literature especially documents internalizing disorders (mood and anxiety disorders) and difficulties in interpersonal functioning. For example, studies have consistently found higher levels of depressive symptoms in adults who were parentified as children. (28) One extensive cross-validation study by Schier et al. (2014) showed that emotional parentification (having to meet a parent's emotional needs) was a strong predictor of adult depression, even after accounting for other childhood adversities. (29) In that study of 1,000 adults, those who reported taking on heavy emotional caregiving roles for parents had significantly higher depression and even some psychosomatic symptoms in adulthood. (30) Similarly, Carroll & Robinson (2000) found that adults who grew up with parents suffering from alcoholism or workaholism (situations often forcing children into caretaking roles) had higher rates of depression correlated with their parentification experiences. (31) Anxiety disorders and general distress are also associated with a parentified childhood. Many parentified individuals describe chronic worry and hyper-vigilance carried over from managing family crises as children, which may manifest as generalized anxiety or panic in later life. Indeed, research that combines depression and anxiety into an “internalizing symptoms” composite finds parentification to be positively related to internalizing distress. (24)

Importantly, emerging studies have begun linking parentification with elevated rates of substance misuse and behavioral addictions. Parentified individuals may turn to substances, gambling, or compulsive internet use as maladaptive emotion regulation strategies or to fill the relational void created by attachment trauma. (32) Dysfunctional caregiving roles in childhood may also result in compulsive helping behaviors and over-functioning in adulthood, which are sometimes embedded in co-dependent patterns seen in addiction treatment populations. A study by Håkansson (2021) emphasized that adverse childhood experiences and insecure attachment—hallmarks of parentification—are frequent precursors in clinical presentations of addiction. (32,33)

In contrast, links between parentification and externalizing behaviors (like substance misuse or aggression) are less consistent – some studies find no significant association there. (34) This suggests that parentification's impact is most evident in emotional and relational domains (how the person feels and relates) which may underlie both internalizing disorders and certain addictive behaviors.

### Parentification and the Risk of Addictive Behaviors

A growing body of research suggests that childhood parentification—where children take on caregiving roles for parents or siblings—may increase vulnerability to both substance-related and behavioral addictions in adulthood. This heightened risk appears to stem from early disruptions in attachment security, difficulties in emotion regulation, and the development of maladaptive coping mechanisms. Individuals who were parentified during childhood often struggle to manage negative affect and may turn to substances or compulsive behaviors (e.g., gambling, internet use) as a means of soothing psychological distress or compensating for unmet emotional needs. These patterns can be particularly complex in clinical populations,



where they often co-occur with features of borderline personality disorder and chronic relational instability. Therefore, recognizing early parentification dynamics can enhance assessment, case formulation, and therapeutic planning in addiction treatment settings.(32,35,36)

Parentification, considered a form of adverse childhood experience (ACE), has been strongly associated with substance use disorders in early adulthood. In a recent systematic review, Sebalo et al. (37) found that exposure to multiple ACEs—particularly during the developmental period of 18 to 25 years—significantly heightened the risk for alcohol, cannabis, and other substance use. This association was partially explained by impaired self-regulation and maladaptive coping strategies. (37)

A longitudinal study by Guastaferrro et al. (38) using a nationally representative sample found that individuals exposed to childhood maltreatment were up to three times more likely to develop substance use disorders between the ages of 18 and 21. The risk was particularly pronounced in cases involving sexual abuse or physical neglect.(38) Furthermore, the effects emerged earlier and more strongly in females and individuals of Hispanic origin.

Attachment-based explanations are also critical in understanding the development of addiction risk. In a study by Liese et al. (39), anxious attachment style was found to be significantly associated with alcohol and cannabis use, with emotion dysregulation acting as a mediating factor. Anxiously attached individuals appeared to turn to addictive behaviors to reduce negative affect. Notably, this association was not limited to chemical addictions such as alcohol and cannabis but also extended to behavioral addictions like compulsive text messaging.(39)

These findings indicate that the attachment disturbances and emotional dysregulation arising from parentification can predispose individuals not only to interpersonal dysfunction but also to self-destructive behaviors such as substance use. From a clinical perspective, addictive behaviors in individuals with a history of parentification should not be viewed merely as symptoms but as maladaptive coping mechanisms in response to the internalized demands of early caregiving roles.

## Adult Attachment Styles and Interpersonal Problems

A central theme across studies is that childhood parentification often leads to adult attachment problems, which in turn affect relationships and well-being. Multiple studies document that formerly parentified children are more likely to develop insecure attachment styles (either anxious-preoccupied or avoidant-dismissive) in their adult romantic and peer relationships.(40) For example, in a sample of 542 young adult women, Baggett et al. (6) found that those who had experienced high father–daughter parentification reported significantly lower romantic relationship satisfaction and greater relationship insecurity in college. Crucially, these effects were mediated by the daughters’ adult attachment styles. In other words, paternal role reversal led to insecure attachment (both higher attachment-related anxiety and avoidance), which in turn explained why these women struggled in their romantic relationships. This study underscores how parentification can distort one’s internal model of relationships. This child had to “parent” their father may grow up either fearing abandonment (anxious attachment) or avoiding closeness (avoidant attachment), resulting in difficulties maintaining satisfying partnerships. (6)

These same internal attachment disruptions may also manifest in non-relational domains, particularly in the form of maladaptive coping mechanisms such as addiction. Dysfunctional attachment patterns shaped by parentification have also been linked to addictive behaviors. Anxious or avoidant individuals may be more likely to use substances or addictive activities to regulate distress, achieve emotional relief, or compensate for intimacy difficulties.(8)

Attachment-related outcomes have been observed in various contexts. Another study focusing on mother–child role confusion similarly found that excessive caregiving toward a mother predicted adult attachment anxiety, which was linked to behaviors like excessive reassurance-seeking from partners.(41) Consistent across findings is the notion that basic attachment needs were not met in childhood for parentified individuals. (10) Instead of feeling safe and cared for, the child felt responsible and frequently anxious about

a parent's well-being, fostering a sense of insecurity. By adulthood, this can translate into difficulty trusting others to be dependable, discomfort with expressing one's own needs, and a tendency to cling to others or emotionally withdraw – classic insecure attachment patterns. In clinical terms, these attachment disturbances can contribute to relationship problems, including low relationship quality, fear of intimacy, or choosing partners where one re-enacts caregiver roles. Indeed, a recurring finding is that parentified persons may become the “caretaker” friend or spouse, often gravitating toward relationships where they over-function or even unconsciously seek out dependent partners, which can perpetuate cycles of dissatisfaction.

## Personality Disorders and Other Psychiatric Outcomes

Beyond depression and anxiety, researchers have explored links between parentification and adult personality pathology. A notable example comes from a study by Sheinbaum et al. (12), which investigated young adults for subtle schizophrenia-spectrum traits, such as subclinical levels of suspiciousness, social withdrawal, or perceptual anomalies. They found that childhood role reversal was associated with higher levels of paranoid and schizotypal personality disorder traits in adulthood. Notably, the connection was again indirect: an “enmeshed” insecure attachment style (characterized by clinging, fear of rejection, and difficulty with autonomy) mediated the relationship between childhood role reversal and these paranoid/schizotypal traits (12). In simpler terms, if a child had to act as an emotional caregiver (a situation of role confusion), they were more likely to develop an enmeshed insecure attachment, putting them at risk for suspiciousness, social withdrawal, or odd perceptual experiences in adulthood. (12,42) This finding extends the impact of parentification into the domain of severe psychopathology, suggesting that attachment disruptions from parentification may contribute even to the development of psychosis-related personality patterns.

Other studies have linked parentification to traits of borderline personality disorder or other relational personality issues, though research here is somewhat indirect. Clinical anecdotes and theoretical papers note that many adults with borderline personality disorder (BPD) describe a childhood where they had to manage a volatile parent (often a parent with BPD themselves), effectively becoming a caretaker at times. The chronic invalidation and role reversal in such upbringing could plausibly contribute to the unstable attachment and identity disturbances seen in BPD. While direct empirical evidence is still emerging, one could hypothesize – consistent with attachment theory – that parentified children might be at higher risk for BPD features (e.g., fears of abandonment and difficulty with boundaries) due to the inconsistent and role-confused parenting they experienced (43).

Notably, traits associated with borderline personality disorder — such as affective instability, impulsivity, and chronic emptiness — have well-documented associations with substance abuse. Given that parentification may contribute to BPD features, it may indirectly elevate addiction risk as well. In clinical populations, co-occurrence of BPD symptoms and substance use disorders is particularly common among those with histories of early role reversal. (43)

It is also worth noting that certain contextual factors can shape the psychiatric outcomes of parentification. If parentification occurred in the context of chronic trauma (e.g., parental abuse, substance abuse), it may amplify the risk for PTSD or complex trauma symptoms in adulthood. On the other hand, some parentified children adapt in ways that protect them – for instance, developing strong caregiving skills that later translate into prosocial behavior or choosing helping professions. A few studies have examined positive outcomes or resilience factors. Hooper et al. (2007) reported that some formerly parentified individuals identified personal growth, maturity, and competence gained from their childhood responsibilities, especially if they felt the family recognized their contributions. (7) However, such “silver linings” are typically seen only when the parentification is not extreme, and the child still receives some emotional support or “fairness” in return. By contrast, unfair or heavy parentification – especially emotional parentification – is overwhelmingly associated with adverse outcomes. Indeed, multiple studies conclude that emotional parentification is more detrimental than instrumental parentification for long-term well-being. (44) The emotional burden of caring for a parent's feelings leaves deeper attachment scars than doing extra chores around the house. That said, instrumental and emotional parentification often co-occur, and both can add stress if excessive. (45)

## Consistencies and Contradictions in the Literature

Overall, there is a consistent picture that parentification in childhood correlates with insecure attachment and a greater risk of internalizing psychopathology in adulthood. This finding appears across diverse samples and is supported by theoretical expectations. (46) However, the literature also contains some contrasting findings and nuances. For instance, not every study finds a strong effect – a few have reported non-significant links between parentification and adult outcomes under certain conditions. One six-year longitudinal study of immigrant youth found no direct effect of parentification on later emotional distress, suggesting that in some cultural contexts, helping the family at a young age might be normalized or buffered by community support (thus not leading to psychopathology). (27)

Additionally, the degree of perceived fairness and volition matters: if a child takes on tasks but does not feel exploited – perhaps due to "perceived family benefits" or appreciation – the negative impact may be mitigated. Recent research even suggests that when young adults perceived their childhood help as meaningful for the family, it "overshadowed" the harmful effects of parentification on their life and relationship satisfaction. In contrast, those who felt their childhood was unfairly stolen showed worse adult outcomes. (49)

Another nuance is gender differences and parent gender effects. Some studies indicate that being parentified by a mother versus a father can have different impacts, or daughters are more often drawn into emotional caretaking than sons. For example, one study noted that father-daughter parentification had a unique association with daughters' adult attachment avoidance, whereas maternal parentification was more linked with anxious attachment. (6) Also, the context of parentification (e.g., due to parent's illness vs. parent's neglect) likely influences outcomes. If a child had to care for a chronically ill parent, the experience, while stressful, may be tinged with understanding and social support (possibly reducing later resentment); conversely, if a parent was capable but abdicated responsibilities, the child's later attachment disturbances might be more pronounced due to feelings of betrayal.


Despite some mixed findings, no studies suggest that high parentification is beneficial for adult mental health – at best, some individuals emerge resilient despite it or gain specific skills at a cost. The preponderance of evidence points to parentification as a risk factor for attachment insecurity and psychopathology, with emotional parentification being especially harmful. (7) Attachment disturbances (anxious and avoidant styles) appear repeatedly as either outcomes or mediators of the relationship between parentification and adult problems. (11) This mediating role of attachment is important: it means that parentification may not directly "cause" depression or personality issues, but it sets up an insecure attachment template, which then leads to those problems. This insight is encouraging because it highlights attachment-based interventions to help those with a parentification history (a point we discuss below). Table 1 summarizes key studies, illustrating the range of populations, methods, findings, and implications of this literature.

**Table 1. Selected studies on childhood parentification, adult attachment, addiction, and psychopathology**

Author(Year)	Population & Methodology	Key Findings	Implications
Hooper et al. (2011)	Meta-analysis of 12 studies (N $\approx$ 2,500); diverse adult samples; cross-sectional self-reports of parentification and mental health.	Found a small but significant overall correlation between childhood parentification and adult psychopathology ( $r \approx 0.14$ ). Effect was reliable across studies; some moderation by type of psychopathology and sample.	Confirms that parentification is a valid risk factor for later psychiatric problems, though not a sole determinant. Underscored need for more research into moderating factors and mechanisms of this link.



Schier et al. (2014)	Two large adult samples (n=500 each) in a cross-validation survey; measured emotional parentification in childhood and current symptoms (depression, somatic complaints, etc.).	Emotional parentification (with mother or father) was a strong predictor of adult depression. Also linked to higher somatization; e.g. paternal parentification related to adult vegetative symptoms, maternal parentification to adult chronic pain. Perceived love from the father figure was protective against some adult problems.	Provided robust evidence that the emotional burden on a child has lasting mental health impacts. Highlights the particular importance of emotional parentification in depression risk, and suggests that a caring parent-child bond (even if the child had duties) can buffer negative outcomes.
Baggett et al. (2015)	542 young adult women (college students) surveyed; retrospective reports of father-daughter parentification; measured adult romantic attachment style and relationship satisfaction.	Higher parentification by fathers correlated with lower romantic relationship satisfaction and greater relationship insecurity in daughters. Mediation analysis showed these effects were explained by daughters' insecure attachment styles (both anxious and avoidant) in adulthood. The link was weaker if the father's poor health had necessitated the caregiving (suggesting context matters).	Demonstrates that parent-child role reversal can spill into the child's later intimate relationships. Insecure adult attachment is a key mechanism connecting childhood parentification to poor relationship outcome. Implies that clinicians should assess parentification in adults with relationship difficulties, and target attachment issues in therapy.
Sheinbaum et al. (2015)	214 nonclinical young adults; interview-based measures of childhood experiences (including parental role reversal), adult attachment style, and subclinical schizophrenia- spectrum symptoms (paranoid and schizotypal traits).	Childhood role reversal was associated with higher levels of paranoid and schizotypal personality traits in adulthood. Mediation analyses revealed that an "enmeshed" insecure attachment style (characterized by anxious, overly involved relational patterns) mediated the relationship between childhood role reversal and these adult personality traits. (Role reversal also linked to other psychotic-like symptoms, partly via attachment.)	Provides evidence that insecure attachment resulting from parentification can contribute to serious adult psychopathology (even outside the typical depression/anxiety spectrum). Supports attachment theory as an explanatory framework and suggests that early role-reversal is a risk factor for later personality dysfunction. Early intervention to foster secure attachment might reduce long-term risk in parentified children.
Nuttall et al. (2012)	Longitudinal intergenerational study; 108 mother- infant	Mothers who had been parentified as children	Indicates that the legacy of parentification can affect not

	dyads from high- risk families. Young mothers (some teen mothers) were assessed for their own history of parentification; their responsiveness and parenting of toddlers were observed.	showed lower maternal responsiveness and warmth with their infants. Maternal parentification history (especially emotional caregiving of parents) predicted the emergence of behavior problems in their toddlers, via compromised parenting behavior.	only the individual's own mental health but also their parenting in the next generation.  Suggests a cycle where parentified children may unintentionally recreate role-confusion or insecure attachment with their offspring. Implies the importance of breaking the cycle through parenting support and therapy for parentified individuals who become parents.
Sebalo et al. (2023)	Systematic review including 88 quantitative studies on young adults aged 18–25 from multiple countries. Studies examined ACEs and substance use using validated scales or interviews.	Exposure to multiple ACEs was consistently linked to higher rates of alcohol, cannabis, and other drug use in early adulthood. Poor self-regulation and maladaptive coping mechanisms were common mediators.	Highlights the critical role of early adverse experiences in substance use risk. Interventions should focus on improving emotion regulation and healthy coping in youth with ACE histories.
Guastafarro et al. (2023)	Longitudinal study using NESARC-III dataset (n = 5194, ages 18–25). Time-varying effect modeling was applied to analyze child maltreatment and SUD risk across emerging adulthood.	Participants with a maltreatment history had up to 3x higher odds of past-year SUD between ages 18–21. Risk was especially high for those with sexual abuse or physical neglect. Differences were noted by sex and ethnicity.	Emphasizes age-specific windows of vulnerability. Prevention strategies should target emerging adults and account for maltreatment type and demographic characteristics.
Liese et al. (2020)	Cross-sectional survey of 712 U.S. university students (ages 18–31). Attachment style, emotion dysregulation, and four types of addictive behavior were assessed via self-report.	Anxious attachment was significantly associated with symptoms of alcohol, marijuana, and texting-related dependency. Emotion dysregulation was a significant mediator. Avoidant attachment showed no such association.	Suggests that emotion regulation skills may be a modifiable target in the treatment of addictions, especially among those with anxious attachment styles. Supports attachment-informed therapeutic interventions.

Each study underscores a facet of how parentification impacts adult life, from general psychopathology to specific attachment-mediated relationship issues, addictions and even cross-generational effects.

## Gaps in Research

Despite the rich insights gained so far, the literature on parentification and adult attachment still has several important gaps and limitations:

## Longitudinal Evidence

As noted, a paucity of longitudinal studies follow parentified children into adulthood. Most findings rely on retrospective reports, which can be affected by memory biases or current mood. Long-term prospective research is needed to firmly establish causal pathways – for example, confirming that parentification precedes the development of attachment insecurity and psychological symptoms rather than vice versa. One challenge is identifying and following at-risk youth (such as children of mentally ill or substance-abusing parents) over decades. Some authors have called for more prospective maltreatment research to address this gap.<sup>(7)</sup> Future studies could leverage existing longitudinal cohorts (for instance, those tracking children of depressed parents) to measure parent-child role dynamics early and outcomes later.

## Understudied Populations and Lifespan Perspective

Research has heavily focused on young adults (often college students) and, to a lesser extent, parents of young children (studied when examining intergenerational effects). There is minimal research on older adults who were parentified. It remains unclear whether the impact of parentification diminishes, persists, or even grows as individuals age. Do the attachment issues and depression associated with parentification continue into one's 50s, 60s, and beyond? Are older adults who were parentified at greater risk for loneliness or late-life mental health issues? These questions are largely unanswered.

Additionally, more work is needed with diverse cultural and socioeconomic groups. Cultural norms can influence how parentification is experienced – what is considered an inappropriate burden in one culture might be expected family duty in another. Few studies explicitly compare cultures or examine the role of cultural values (e.g., filial piety, collectivism) in moderating outcomes. As one example, immigrant families or families in low-resource countries often involve children in caregiving; research should explore when this becomes harmful versus adaptive and how cultural support networks might buffer adverse effects.<sup>(48)</sup>

## Specificity of Psychopathology

While many studies lump “psychological distress” or use broad symptom measures, there is a need to examine specific disorders related to parentification. For instance, is parentification particularly linked to depression vs. anxiety or certain personality disorders (BPD, codependency, etc.) more than others? The meta-analysis by Hooper et al. (2011) hinted that the effect size might differ by type of outcome and sample.<sup>(49)</sup> Clarifying these specifics could help tailor interventions. Early evidence suggests a link to schizophrenia-spectrum conditions, an area that warrants more study. <sup>(12)</sup> Conversely, potential links to trauma-related disorders (like complex PTSD) could be explored, given the relational trauma aspect of parentification.

## Positive Outcomes and Moderators

Research focuses on pathology, but a more nuanced view might consider resilience factors. Why do some parentified children emerge relatively unscathed or even report positive growth (leadership skills, empathy) while others develop significant problems? Potential moderators include the presence of another supportive adult (mentor, healthy parent) during childhood, the child's temperament and coping skills, and whether the child perceived a sense of purpose or fairness in their role. Some studies have introduced the concept of “fairness” or “benefit-finding.” Outcomes were better if a child felt appreciated or made a meaningful contribution (rather than being taken for granted). More research is needed on these protective factors.

Additionally, gender differences (both of the child and the parent) deserve deeper inquiry: Are girls more affected than boys, or are they just more likely to be parentified? Do outcomes differ if the parentified relationship was with mother vs. father? Existing findings are suggestive but not conclusive on these points.

## Measurement and Definitions

As the field advances, researchers are refining how to measure parentification. There is a need for multi-method approaches – combining self-reports with observational or interview-based assessments – to

capture the nuance of parent-child role dynamics. For example, the difference between a child doing extra chores and a child comforting a depressed parent every night is qualitative; improved measures could better quantify the emotional burden. Ensuring that studies distinguish clearly between helping behavior (which can be normative) and true parentification (role reversal with negative consequences). Some newer studies use terms like role confusion, boundary dissolution, and adultification synonymously with parentification; clarity and consistency in definitions will help integrate findings across studies.

## Implications and Conclusion

The body of research on parentification carries significant implications for mental health professionals. First and foremost, the assessment of adult patients should include an exploration of family-of-origin roles. Clinicians (therapists, psychiatrists) are encouraged to ask about early caregiving experiences: “Did you often find yourself taking care of family members when you were a child?” or “Who did you turn to for support when you were young?”. Clients might not volunteer a history of parentification without prompting, but it can be a hidden factor underlying their attachment style and symptoms. Recognizing a parentified childhood can powerfully reframe a patient’s struggles. For instance, an adult with persistent anxiety and perfectionism might come to see how they were conditioned to be “the little adult” who must never fail. This validation (i.e., “you had to be the parent, which was not fair to you”) can be therapeutic.

In psychotherapy, an attachment-informed approach is often indicated for individuals with a parental background. Because these clients frequently have insecure attachments, therapy can be a corrective relational experience. For example, the therapist may explicitly work on trust, receiving care, and setting boundaries in psychodynamic or attachment-based therapies. Parentified individuals might initially struggle in therapy with role reversal – some may try to take care of the therapist or feel guilty about focusing on their own needs. The therapist should be alert to such patterns and gently encourage the client to experience being cared for. Over time, learning to relinquish the caregiving role and accept support can help repair the internal working model that “I am only valued when I care for others.” Approaches like Schema Therapy also explicitly target schemas that fit with a parentification history (e.g., schemas of self-sacrifice, subjugation, or defectiveness for having needs). Helping clients challenge these schemas and develop healthier coping modes (where they can be vulnerable and get their needs met appropriately) is key.

For those with more severe outcomes, such as personality disorders or complex trauma, integrative treatments may be needed. For example, in a patient with borderline personality who was parentified, therapy might incorporate both trauma processing (validating the trauma of an inverted childhood) and skills for emotion regulation and interpersonal effectiveness (since they may not have learned these while focusing on a parent’s needs). Family therapy can also be relevant, especially for adolescent clients in a parentified situation. Family therapists can work to realign boundaries – for instance, helping a depressed mother assume appropriate responsibility and relieving the child of confidant duties. In cases where parentification is ongoing (e.g., a teen caring for an ill parent), clinicians should involve social services or community support to share the caregiving load, thus protecting the child’s development.

In addiction treatment settings, it is critical to assess for a history of childhood parentification, which may underlie both the development of insecure attachment and the initiation of substance use as a form of affect regulation. These individuals may turn to substances, gambling, or compulsive behaviors not only as a means of emotional escape, but also to cope with deeply ingrained schemas of self-sacrifice or emotional neglect. Clinicians working in addiction contexts should remain mindful of the caregiving roles their patients might have played in early life, as this may shape treatment expectations, resistance, and relational patterns. Addressing these early relational dynamics can improve therapeutic alliance and treatment outcomes in individuals with addiction.

Importantly, awareness of intergenerational patterns allows preventive intervention. Suppose an adult client with a parentification history becomes a parent. In that case, they may be at risk of unintentionally recreating aspects of their past for example, being either over-controlling or emotionally distant from their children. To

break the cycle, therapists working with such clients can preemptively address parenting approaches, perhaps through parent coaching or attachment-based parenting programs. Understanding a patient's early family role can inform pharmacological treatment and case management even in broader psychiatric practice. For instance, an adult with difficulty asking for help might benefit from more proactive follow-up and encouragement of support group participation, knowing their background.

Preventative efforts may help alleviate the burden on children in high-risk families. If a parent is unable to fulfill their role (due to illness or addiction), early intervention—such as family support, mentoring, or psychoeducation—can reduce the risk of parentification. Schools and pediatricians can be trained to recognize signs, such as excessive maturity or concern about siblings, and guide families toward available resources. While many parentified children carry invisible scars into adulthood, targeted interventions can promote healing and healthier relationships. In conclusion, addressing their unmet needs, even in adulthood, can interrupt cycles of trauma and foster healthier families across generations.

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