EMOTIONAL ENLIGHTENMENT: AN OPTIMISTIC APPROACH TOWARDS PARENTIFICATION

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ABSTRACT
Parentification is generally described as a negative phenomenon that deprives a child of his/her childhood overnight. The parentified child faces a flood of expectations for which s/he is not prepared. His/her parents expect him/her to ‘automatically’ adopt the role of a parent. In Pakistan, parents are the most important pillars in the foundation of the family and if one of them suffers from a long-term sickness, the whole structure falls apart. From the child’s perspective, it is extremely painful. S/he not only loses the blessings of previous physical and emotional assistance but also must perform myriads of responsibilities. So, parentification seems to be a negative experience. This article challenges this idea by proving that parentification can be a positive, pleasurable experience. It focuses on the researcher’s parentification experience when her mother underwent a stroke. The data collection methods include audio recordings, diary notes and discussions with the doctor. The data analyses focus on the paralinguistic features of the researcher’s speech that she had with the research participant. The research outcomes exhibit the special features of the parentified speech. It also suggests that through mental readiness and planning, the potential parentified figure, can make parentification a rewarding experience.

Keywords: parentification, empathetic stress, emotional burnout, self-esteem, denial, regression, frigidity.

INTRODUCTION
Parentification is usually described as a negative phenomenon, depriving a child of its innocence by imposing unwanted duties for which the child is physically or emotionally not ready and burdening it forever causing permanent emotional damage and perversion that is irreparable. The researcher challenges this idea. She firmly believes that parentification is a unique experience. It might be detrimental for the amateurs but can be rewarding, if not all positive, if occurs to someone at a mature age. She has based her thesis on her own 16 years old personal experience of becoming parentified. Parentification is a role-reversal between a parent and a child when a child takes on the role of a parent and the parent adopts the role of an infant. It can be physical or instrumental as well as emotional. Physical Parentification involves looking after the physical needs and Emotional Parentification involves looking after the emotional needs of the parent. Usually, one type of parentification happens to a child. In the researcher’s case, both happened at the same time.

The researcher had an experience of becoming parentified at a mature age. She had done her masters in English and had started her job at NUML as a teacher when her mother had a stroke and resultanty, lost her speaking abilities. Gradually, she started recovering through a very painful experience. It was a nerve-testing time for her as well as for the entire family. The researcher’s
Qayyum, Qayyum, & Qayyum

younger sister and the researcher stayed with their mother (termed as the participant henceforth) in the hospital during the whole period and this resulted in drastic changes in our lifestyles. The participant’s doctor guided us about how to interact with our mother and modify our responses. Eventually, these changes became an indispensible feature of our personalities. The participant became infantilized, and we transformed as parentified. The most noticeable change occurred in our communication patterns. The researcher had always loved her mother and had been deeply concerned about her health, but she had never been emotionally expressive. She realized that her beloved mother needed explicit display of love and continuous support from her near and dear ones. This meant emotional expressivity along with physical assistance. The result was a transition in the researcher’s communication patterns. She had been noticing changes in her communicating style along with the research participant’s. Some of the techniques in her own speech were not known to her as she was not conscious about the strategies she had been employing. Later, she wanted to explore them systematically. Her academic background equipped her with the techniques desired for exploring the special features of her parentified communicating style.

REVIEW OF LITERATURE

Mental health of a person and emotional expressivity are directly related to each other. It is an established fact in health psychology, social psychology, personality psychology and psychopathology (Akin, Satici, & Kayis, 2012). Gross and John (1997) suggest a model of emotional process in which the environmental changes trigger and shape emotional responses.

Emotional expressivity positively affects general health. Foucault talks about the natural locus of life which he defines as gentle, pure love and expressivity. A genuine concern for the ill and care (in the caregiver) are synonymous with a natural desire for cure (in the aphasic) and if they coexist, the healing process can be activated (Foucault, 2003). Emotional attachment helps in arousing positive and healthy emotions in the aphasic (Bowlby, 1982), but if the same is overlooked about one’s own self, the result is catastrophe. An emotionally intelligent caregiver possesses two important qualities: responsivity and expressivity. Although men and women both can adopt the role of a caregiver for an aphasic, females are potentially better caregivers as they are also commonly known as emotional beings (Oatley, 2004). This emotional intelligence equips them with enough empathy desirable for helping an aphasic in recovering language. More emotional expressivity results in establishing better relationships (Burgin et. al, 2012) but women in the eastern society are denied emotional expressivity. Folk linguistically speaking, it is a taboo, unlike a ladylike attitude to be emotionally expressive. Paradoxically, when it comes to taking care of the dear family members suffering from serious physical and psychological ailments, it is believed to be the females’ job to support the sufferer in both ways. It can be anyone like a daughter, a sister, a mother etc.

A person suffering from a long-term ailment depends a lot on his/her caregiver to recover. Stroke and aphasia are among these ailments as they take a long course of time for recovery. The sufferer’s future almost totally depends on having a full-time caregiver. Naturally, more demands are on the shoulders of the caregiver. So, s/he must make more adjustments and emotional sacrifices. It is taken for granted to adjust themselves according to the changed situation. Emotional expressivity is one such thing that is demanded from them. Not ready for such a drastic change in their disposition and behavior, females are endangered to suffer from serious consequences such as denial, low self-esteem, apathy, frigidity and eventually, poor relationships.

Every child is attached to its mother. This attachment behavior never vanishes; it remains with every individual throughout life. It may hibernate during maturity as it is not expressed explicitly, yet it never vanishes. If an aphasic has not been emotionally satisfied during childhood, his/her love needs persist and regression occurs. Stroke can cause these hibernated love needs to become visible as a continuation of the regressive process. The caregiver is the same as the real mother is for the infant and so does the mothering for the aphasic (Bowlby, 1973). In the process of doing mothering for the aphasic, the caregiver in most cases starts sacrificing his/her own emotions just like the real mother does for her child.

Initially, every aphasic becomes infantilized (Epstein, n. d.) as s/he must totally depend on the caregiver. This leads to orienting him/her to be more demanding than a ‘normal’ person in terms of having a recurrent emotional assurance and explicit emotional display by his/her caregiver. Thus, the result can be a regressive, parasitic behavior on the part of the aphasic and a compromising,
submissive behavior, or low self-esteem on the part of the caregiver. The caregiver or the parentified child must negate the fact that s/he is the daughter/son, and the infantilized aphasic is in fact the mother/ father. S/he takes refuge by dissociating herself/himself from reality as it helps in coping with stress during such a traumatic event. The dissociated caregiver disconnects himself/herself from the world to avoid suggestions or criticism about his/her behavior towards the aphasic as they might find it quite weird. Depending on personal experiences, every caregiver is unique.

The caregivers are generally oriented by the physicians to become more flexible and tolerant than before to handle the aphasic. Their emotional concern for the sufferer generates empathetic stress. It gets activated when we observe others’ stress. The human brain controls all types of physical and mental activities. The whole process is done with the help of over one hundred billion neurons (Kalat, 2004) which organize themselves into clusters during the maturation process. Each cluster specializes in performing one particular function. There is a specialized group of neurons in the brain called the mirror cells that start replicating that stress (Hoiser, 2016). This results in what the psychologists term as empathy. It is a mental as well as a physical process and hence the caregiver of the aphasic is experiencing two types of severe stress: the empathetic stress and his/her own stress to assist the sufferer. This puts the emotions in a high arousal position. Moreover, empathy means ‘to feel like someone else’. This means that a person feeling like someone else overlooks his/her own emotions. According to Paul Ekman, an emotion lasts only a few seconds (as cited in Goleman, 2006) yet a sustained emotion, especially the one that raises blood pressure causes high level of chemical secretion in the blood can be fatal. The caregiver who is providing full-time emotional assistance and physical support to the aphasic is actually at a high risk of losing emotional balance by suppressing his/her own emotional needs.

Emotions have biological manifestation in the body as the brain generates certain chemicals or electric waves while giving emotional orders to the body. A negative emotion must result in releasing a negative or harmful chemical and a continuous experience of a negative emotion must add to negativity causing physical ailments as well. They also cause positive emotions to wither away. This leads to perversion in emotional dealings and bad relationships.

A consciousness about the aphasic’s emotional needs and empathy may also entice one towards adjusting and mending his/her emotional dealings. This helps in regulating his/her emotional life.

THEORETICAL FRAMEWORK
Norbert Wiener’s concept of cybernetic has been incorporated as the theoretical lens through which the phenomenon of parentification has been scrutinized. Cybernetics refers to the self-regulating mechanisms (Wiener, 1985). The researcher has modified the idea of cybernetics and has used it to mean emotional self-regulating mechanisms that the parentified caregiver develops and through emotional navigation it becomes automated. Parentification may be a time irreversible process, but it is not necessarily emotional entropy. It can be rewarding and enlightening. It just adds another value to the overall human emotional analog! Emotional expressivity helps regulate the emotional life of the parentified figure. The conventional concept of parentification presents the sufferer as the parasite, the sole advantage taker who benefits at the expense of the host or the caregiver. This study implicates that symbiotic relationship can be cultivated between the two if betterment of both is desired. Being the stronger partner in the relationship, it is the caregiver’s job to devise a self-regulating emotional mechanism.

Occasionally breaking free can energize and revitalize the caregiver. Self-replication can be accelerated within the anabolic process by getting involved into activities of your choice. It generates positive feelings and hence, is helpful for becoming optimistic. It has a healing effect over the emotional burnout. Continuous, chronic stress causes emotional and physical burnout that is catabolic. Parentification is a subjective experience, an utterly ontogenetic learning. Through self-regulation and emotions management, the parentified figure can even become emotionally enlightened and emotionally intelligent.

MATERIALS AND METHODS
The data collection methods included diary, audio recordings and discussions with the doctor of her mother (who became infantilized). All the data were recorded over a period of one year. The
researcher was interested in exploring what happened to her own speech while communicating with the research participant. She also wanted to investigate whether her speech underwent changes or not. If yes, what were those changes and which factors determined these changes. This study explores the emotional contours of communication. That is why only the paralinguistic features of the researcher’s communication have been focused and analyzed.

The aphasic with the left brain (or the left hemisphere) damaged has his/her emotional communication intact as the right brain (or the right hemisphere) is intact. Goleman (2006) suggests that the rational mind (left hemisphere) communicates through linguistic or verbal methods and the emotional mind (right hemisphere) communicates through non-linguistic ways such as bodily gestures, facial expressions, etc. The aphasics with the left hemisphere damaged have a weaker logical side and a stronger emotional side (Lorch, Borod & Koff, 1998). His/her communication is more emotional and nonlinguistic than rational and linguistic. The research participant in this study had a stroke that affected her left hemisphere which means that her logical/linguistic side of communication was damaged whereas her right hemisphere was intact. This means that her emotional/non-linguistic side of communication was intact. Therefore, the researcher has focused on the emotional contours of communication or the paralinguistic features.

Methods of Data Analysis
The paralinguistic analyses included exploration of the intonation, stress, and tempo. The analysis of intonation generally involves a distinction between a rising and a falling tone (Crystal, 1994). Thus, the tonal analysis in this study is based on the use of rising and falling tone to check whether the researcher’s speech was monotonous, or she could experiment with different tones. Stress has been studied by considering the words in her speech uttered with more prominence than the surrounding words and tempo has been measured through the spontaneity of response and the number and length of pauses during her speech.

Research Questions
1. What are the features of the speech of a parentified figure?
2. How can parentification be made a positive, fruitful experience?

Methodology
The data were collected for one year, that is, from June 2011 to May 2012. They were either audio recorded or noted down as diary entries. They included the everyday, mundane conversations between the research participant and the researcher as this study is all about uncovering the communicative patterns of the research participant’s speech. Hence, only the researcher’s speech features have been analyzed. For data transcription, Gail Jefferson’s (1983) transcription conventions and symbols have been used (see Appendix C). The transcriptions have been done in Roman. The researcher’s and the participant’s main language of communication was Urdu, so the Urdu sounds were converted into Roman symbols (see Appendix D). English translations of the recorded conversations have been provided in parentheses along with the transcriptions. For the sake of convenience in typing, some abbreviations have been devised. Thus, P stands for Participant, R stands for Researcher, AD stands for Audio Recordings, DE stands for Diary Entries and DD stands for Discussion with the Doctor. The researcher had a total of four discussions with the doctor of the research participant over a period of one year. DDI represents the first discussion, DDII represents the second discussion, DDIII stands for the third discussion and DDIV stands for the fourth discussion with the doctor. The excerpts of the data relevant to this study have been presented in the data section. The full versions of the audio recordings have also been provided along with the write-up. For the reader’s convenience, the data have been arranged in the form of a dialogue. The date and the source of data collection are mentioned.

Data Presentation
P and R are sitting in P’s room and chatting. There are family albums in front of them.

**Lines 1-5 from AR on 4.7. 2011. For the same Lines also refer to DD II on 25. 9. 2011 on the CD.**

1 R: keyaa pag reyee thin
(what were you reciting?)

2 P: wo parti hai BISMilaahirahmaani °°raheem°°
(she recites in the name of God, Most Merciful, Most Beneficent)

3 R: achaai ko keyaa baajathey haiq bismilaa ko
(what do they call Bismila?)

4 P: ba bas koe par neye sakhi bas BISMILAHHIRAHMAANIRAHEEM (1.0) yeeyhe parti

Raiti hoon
(I cannot recite anything else so I keep on reciting only Bismilahirehmaniraheem)

R asks P the dish she loved most. She wants P to tell her about its recipe as well.

Lines 6-15 from AR on 21.6. 2011

6 R: baat aikey nanaa bhindiaan kaisey banaathey hai
(tell me how to cook okras)

7 P: baat kokey hai (1.0) yey ey pakaa ti hai

8 ey parparaatyi (. ) yey kaitey haiq yey (: )
(first wash okras then put)

9 R: peyaaaz
(onions)

10 P: haan (. ) naa neyeeen ba baad mey (. ) pailey yey rakhwatyi aiq (1.0) PAANI ni ni

11 yey keyaa hojaa hai (1.0) paani yey keyaa hojaa hai
(yes, no put it later first add water no not water what is it called?)

12 R: PINDIAAN
(okras)

13 P: piniaa mey piniaa mey taniaa naan ((laughs)) (1.0) wo is mey keyaa hojaa hai taaeey

14 taq keyaa otqai ai
(first add coriander in okras no it’s?)

15 R: mircheeyn
(chilies)

P also talks about the sweet dishes she loved to cook and starts discussing about the approaching religious festival.

Lines 16-19 from AR on 19.7.2011

16 R: to aj gudee kuch pakaaey gi shabaraat pey
(will Guddee cook something today it’s Shab-e Baraat today)

17 P: haan rakhi haiq naa cheezyen
(yes she has kept something)

18 R: keyaa pakaaey gi GUDEE
(what will Guddee cook?)

19 P: ey ALWAA
(halwa)

P and R are practicing reading and speaking. R writes some words on the paper and asks P to read them. All words written are related with the topics that P is attached with.


20 R: achaai ab maaj yey LIKHOON gi aap ney pamaa ai (. ) aap paqeyn maaj ney keyaa likhaa

21 ai yey deykheeyn (1.0) maaj ney likhaa:: (3.0) keyaa likhaa:
(ok now I’ll write and you’ll read it read what I have written look here see what have I written?)

22 (4.0)

23 P: alaa
(God)

24 R: alaa:: shaabaash or yey::
(God good and what’s this?)

Lines 25-28 from AR on 21.8.2011

25 R: momo yey paqeyn zaraa maaj ney keyaa likhaa ai (2.0) yey:: (1.0) yey keyaa likhaa
(mama please read it what did I write here?)

26 (2.0)
P turns on the TV as P wants to watch some program. There’s a documentary about India.

Lines 29-31 from AR on 6.12.2011
29 R: ab yey keyaa ai (.) yey deykhayn:
(now what’s this look at this)
30 P: yey BUDEY ain naan ((laughs))
(these are old people)
31 R: neyee neyee yey yey yey::
(no no this this)

R turns on the TV again. This time some wild dogs appear on the screen. P points at the wild dogs in a low voice as R’s sister Guddee is sleeping.

Lines 32 & 34 from AR on 19.10.2011
32 P: °°papraa ab yey is key bau theek naa nai (.) chitaay darmeyanaa saa
(it’s white white no medium one)
34 R: GOONGAA hotaa ai
(it’s deaf)

Lines 35-38 from AR on 8.10.2011
35 P: oon (.) ↓ a keyaa othaa ai (2.0) chitaay chitaay darmeyanaa saa
(it’s white white no medium one)
36 R: achaah ofwaait (1.0) ↓ theek ai (2.0) achaah ab kahaaani parthey ain chaleyn ab bataaeyn mujey
dokhtarsaa
37 yey keyaa likhaai (4.0) ↓ jaa dooo kaa kaalenn
(ok off-white right now let’s read a story you tell me what is this written? magical carpet)
38 P: ↓ achaah
(ok)

R asks P about the repairs in the house that need to be done before the party. She asks about the carpenter.

Lines 39-43 from AR on 18.11.2011
39 R: aap ki keyaa lagi ai
(what relation does she have with you?)
40 P: mein:: yey naan kon ai wo: (4.0) ↓ ka kazan ai naan wo
(kylla she’s my cousin isn’t she?)
41 R: biloo theek ai ab
(is Billoo fine now?)
42 P: biloo mashala theek ai (. ) haan:: zaraa phir toh neyee saktaa waisey theek ai daktar saab
43 kaitay aihn zeyaadtaa abi phirmaa naan zeyaadtaa ((rooster crows)) aihn: daktar ↓ saa
(Biloo is mashala fine yes though he can’t walk but otherwise he’s fine the doctor says so)

P tells R that a relative also came in R’s absence.

Lines 44-49 from AR on 15.4. 2012
44 R: aap ki keyaa lagi ai
(what relation does she have with you?)
45 P: meyri:: yey naan kon ai wo: (4.0) ↓ ka kazan ai naan wo
(my she’s my cousin isn’t she?)
46 R: haan::
(yes)
47 P: wo to wo: choti:: ai naan wo ( ) wo naan (1.0) us ki:: (2.0) ↓ meyri:
(isn’t she young? she her my)
48 R: khaalaa ki lahari ai
(maternal aunt's daughter)

49 P: haan:
    (yes)

P takes out her rosary and starts doing recital on it.

Lines 50-64 also refer to DD IV on 9.5.2012 on the CD.

50 R: keyaa par reyee ain
    (what are you reciting?)

51 P: main (.) bismilaahirahmaaniRAHEEM (.) yeeye ↓par sakthi oon
    (it's Bismilahirahmaniraheem as I can recite only this much)

52 R: or yeeye par sakthi (2.0) or ( ) aap inshaalaa bi to par sakthi ain
    (and can't you recite anything else? you can recite Inshala as well)

53 P: bas woee ai bismilaa ee ai ( ) BISMILAAHIRAHMAANIRAHEEM
    (it's only Bismila Bismilahirahmaniraheem)

P tells R that her paternal grandfather grew up in India.

For Lines 54-64 also refer to DD IV on 9.5.2012 on the CD.

54 P: haan:: to us ki ↓wajaa say key: too DAFAA o jaa ↓to: daadaa kaijaa ai main ↓phir

55 UDAR jaa raa thaa phir too thorye to ( ) din baad us ko: too:: laahol chalaa jaa:: phir
56 udar: laahol jaaeey phir kaiey key idar ( ) ((plane passes)) (4.0) IDAR chalaa jaa bauj
57 TANG kartey they usey bauj TANG kartey they ( ) phir kaijey ain iinjaa bimaar o geyaa
58 naaun tumaaraan daaadaa daa:da:da: bimaar o geyaa thaa naa: naa: bachaa un kaa (1.0) kaijey ain
59 theek o geyaa oo:phir theek o geyaa oo:phir bhaachaa theek o geyaa
60 ( ) bas (1.0) bas theek inshaalaa theek ai wo thee::k o geyaa ai ↓inshaalaa oo: main
61ney bas alaa taalaa say karwaa diaa yaa alaa taalaa bhaachaa theek o ja:ey ↓theek THEE::K ee o
62 geyaa oo:theek o geyaa aaghaa theek ai::oo kaijaa ai alaa taalaa ( ) sey kaijaa ai naa: key
63 agar maia alaa taalaa say alaa taalaa sey yey: kiaa yaa: alaa taalaa meyraa bhaachaa thee::k o
64 jaaeey yaa alaa meyraa bhaachaa ( ) o jaeeey bauj TANG pagaa
    (yes that's why he said you get lost so your paternal grandfather said he went there then after
some days he would say go to Lahore and he would go to Lahore then he would say go there they
used to annoy him a lot so he says he got ill your paternal grandfather got ill his son got well his son
got well Inshala he's fine I prayed to God to bless him with health he got well he says he prayed to
God to bless his son with health he got irritated)

RESULTS AND DISCUSSION

Intonation. Table I displays the tonal features of the R’s speech.

The rising tone in R’s speech worked the same as question tags do in the ‘normal’ speech, that is to
add emphasis (Crystal, 2006). The R replaced a linguistic feature (question tag) with a paralinguistic
feature (rising intonation) as she was employing the paralinguistic channel of communication. The use
of a rising tone can also be compared with strong forms of words in the normal speech as they are
used to drop hints about the intensity of expression (Jones, 1976).

In normal speech, a whisper-like tone indicates secrecy, or a desire to hide something
(Crystal, 2006). The R’s switching to this tone can also be because she wanted to hide the P’s
linguistic inability.

Stress. Table II displays the words which were stressed in the R’s speech. Generally, stress
carries emotional contours of the normal speech (Roach, 1983). The R stressed the content words
because she thought them to contain the communicative intent and said them accurately and she
stressed only the most important word only as she wanted to make it easily intelligible to the
interlocutor (Crystal, 2006).

Tempo. The tempo of the R’s speech has been studied by considering her response time to the
P. The R’s responses were always spontaneous and very quick. The tempo of her speech was also
tested by considering the pauses taken by her within her speech and also by focusing on the duration
of each pause. The overall tempo of the R’s speech is mentioned in Table III.

explains that pauses within speech are a way of emphasizing words’ identities. They also serve as the
The emotional silhouette was not clear to the R before the experience. It proved to be a rewarding experience as it helped her in outlining and eventually managing her relationships in a better way. It engendered confidence by equipping her with words that were emotionally charged. The researcher has always been extremely emotional about her family and her relationship with the family, but she was unexpressive. The tables below display that her speech was rich in paralinguistic features (intonation, stress, tempo) making it emotionally charged:

Vygotsky views intellectual development as a shift in the development process that is from phylogenetic development to ontogenetic development. He also claims that the neuron specialty is a matter of experience. A neuron can be trained to work in many ways as it is flexible. Thus, the innate reflexes which are fixed, become flexible or plastic through experience and can perform multiple functions. This plasticity in reflexes enables a normal human to learn unlimited motor skills (Veer & Valsiner, 1994). Emotional expressivity is also a motor skill and hence can be learned by anyone. This is what Vygotsky discusses in his theory of reflexology (Veer & Valsiner, 1994).

Table No. 1: Intonation Pattern

<table>
<thead>
<tr>
<th>Line #</th>
<th>Rising Tone (Frequency)</th>
<th>Falling Tone (Frequency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>18</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>
The data analyses above exhibit how the speaking style of the researcher underwent change after becoming parentified. It can be seen that her speech had a dominant use of a rising tone, a prominent stress on the most important words in each sentence and slow pace of speaking. All these features prove her speech to be different from ‘normal’ speech. She involved these features in her speech to facilitate the P during the communication process.

Parentification is an extremely unique experience. Normally, nobody is ready for it or gets trained for that. It is a kind of paradigm shift for the family make-up, a time to start afresh. The researcher realized that her role in the family changed overnight. Initially, it was an exasperating, terrifying feeling but eventually when she started focusing on her mother’s plight, insecurity, and dependence, she realized how petty her fears were and how great the task ahead was! She had to muster up her courage. She decided to struggle and fight for her mother. This conscious role realization helped her plan future actions and eventually, she felt relaxed as her mother started feeling secure and relaxed.

Goleman talked about self-awareness, self-motivation, and self-regulation and when it comes to taking on the role of a parentified figure these ideas become very crucial. In fact, before taking on the job of a caregiver or a parent-like figure, one must convince himself/herself about the serious undertaking. Any delay and the result are a two-way disaster, as it will affect not only the aphasic a but also the caregiver who is about to become parentified. It must be emphasized that the caregiver must know this phenomenon consciously that his/her future emotional life is going to change forever.

Parentification is a lifestyle that has to be adopted, it can be a parasitic relationship as well as a symbiotic one. The traditional explanation portrays it as parasitic as generally the parentified child overlooks his/her own emotions. This study implicates that emotional adaptivity gained through emotional intelligence can aid in developing a symbiotic relationship which eventually proves parentification to be an enlightening, fruitful experience that can help in maintaining emotional balance in all other relationships and hence aids in becoming better human beings.
REFERENCES
APPENDIX C

Guide to Transcription Symbols

[]
Square brackets mark the start and end of overlapped speech. The left square bracket [ indicates the start of the overlap and the right square bracket ] indicates that the overlap was over.

↑ ↓
Vertical arrows preceding speech represent a change in the tone from ‘normal’, flat one. An upwards arrow ↑ indicates a rising tone, and a downwards arrow ↓ indicates a falling tone.

() 
A micropause that was noticed but was too brief to measure.

(() ))
The language enclosed in double parenthesis represents the additional comments from the transcriber, e.g. about features of context or delivery.

∞∞∞∞∞∞
Double degree signs represent whispering or whisper-like speech.

< >
Speech enclosed in ‘greater than’ sign shows that it was faster than the surrounding talk.

> <
Speech enclosed in ‘lesser than’ sign shows that it was slower than the surrounding talk.

CAPITALS

Exhibit that the word in capital was stressed in speech.

: 
One or more colons indicate lengthening of the preceding vowel sound.

go:::d
One or more colons indicate lengthening of the preceding sound. Each additional colon represents a lengthening of one beat.
(1.0)

Numerals in parentheses mark pause in seconds.

( )

A stretch of talk that was unintelligible.

The space between the parentheses indicates the length of the unintelligible talk.

Adapted from Gail Jefferson’s Transcription Symbols as cited in Have (2004), pp. 183 & 184
# Appendix-D

## Key to Roman Symbols of Urdu Sounds (along with examples)

Note: Each Urdu monophthong or consonant sound in the chart below comes in the initial position of the word(s) in front of it except in the words یہ, یہ یہ, and یہ where the sound comes in the medial position.

### Monophthongs & Consonants

<table>
<thead>
<tr>
<th>Serial #</th>
<th>Roman Symbol</th>
<th>Specimen Word(s)</th>
<th>Urdu Sound</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>a</td>
<td>ای , عا</td>
<td>آ , ع</td>
</tr>
<tr>
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Qayyum, Qayyum, & Qayyum

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<th>Serial #</th>
<th>Roman Symbol</th>
<th>Specimen Word(s)</th>
<th>Urdu Sound</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>bh</td>
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<td>عاَّمِی</td>
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<td>12.</td>
<td>mh</td>
<td>مہلاج</td>
<td>مَہَلاجّ</td>
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</table>

**Note:** Each Urdu aspirated consonant sound in the chart below comes at the initial position of the word(s) in front of it except in the word ہملاج where the sound comes at the medial position.

**Aspirated Consonants**
Note: Each Urdu long vowel sound or diphthong in the chart below comes at the initial position of the word in front of it.

### Long Vowels & Diphthongs

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<thead>
<tr>
<th>Serial #</th>
<th>Roman Symbol</th>
<th>Specimen Word(s)</th>
<th>Urdu Sound</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>aa</td>
<td>آئ (آئو)</td>
<td>ڑ</td>
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<tr>
<td>2.</td>
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<td>آئ (آئی)</td>
<td>او</td>
</tr>
<tr>
<td>3.</td>
<td>ee</td>
<td>ای (اید)</td>
<td>ائ</td>
</tr>
<tr>
<td>4.</td>
<td>ey</td>
<td>ای (ایک)</td>
<td>ائ</td>
</tr>
<tr>
<td>5.</td>
<td>ai</td>
<td>ای (اٹے)</td>
<td>ائ</td>
</tr>
</tbody>
</table>

Note: Each Urdu nasalized vowel sound in the chart below comes at the final position of the word in front of it.

### Nasalized Vowels

<table>
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<th>Roman Symbol</th>
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<th>Urdu Sound</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>on</td>
<td>ائ (اولین)</td>
<td>ائ</td>
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<tr>
<td>2.</td>
<td>oon</td>
<td>ائ (اون)</td>
<td>ائ</td>
</tr>
<tr>
<td>3.</td>
<td>eyn</td>
<td>ائ (ائی)</td>
<td>ائ</td>
</tr>
<tr>
<td>4.</td>
<td>ain</td>
<td>ائ (این)</td>
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<tr>
<td>5.</td>
<td>een</td>
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<td>ائ</td>
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</tbody>
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