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INTRAPSYCHIC AND INTERPERSONAL PROCESSES
IN THE PARENTIFICATION OF CHILDREN

A Dissertation Presented

By

MARK A. KARPEL

Submitted to the Graduate School of the
University of Massachusetts in partial
fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

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Department of Psychology

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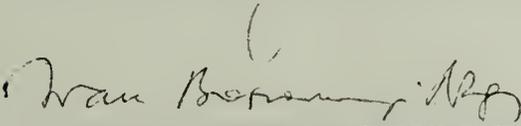
By

MARK A. KARPEL

Approved as to style and content by:



Harold Jarmon, Chairperson of Committee



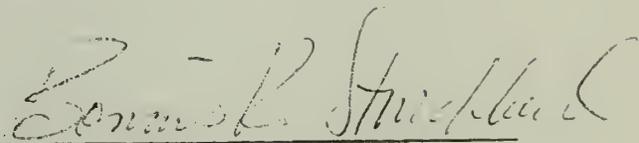
Ivan Boszormenyi-Nagy, Member



Howard Gadlin, Member



Alvin Winder, Member



Bonnie R. Strickland, Chairperson
Department of Psychology

. . .although Irving shows no interest in his brother's welfare, Irving's welfare is his brother's concern; more so, even, than it is their mother's, for Ben has the capacity to minister, in a pathological way to be sure, to Irving's inner needs. Ben perceives and ministers to the unmet needs of the whole family; in his strange way he is the only one who makes living in this family tolerable.

--Jules Henry, Pathways to Madness

From the beginning he had been the one marked--by brute situation as much as by any gift of his--to understand them all; And so all his life he had alternated between trying to make peace between them and hating them both, and in the end he had found he had no choice but to cling to them stupidly, voluntarily allow himself to be pulled apart, snarling first at one, then at the other, with angry love. He was now repulsive to them both. To each he seemed the image of the other.

--John Gardner, The Sunlight Dialogues

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This dissertation is dedicated to my parents, Milton and Sarah Karpel, in partial repayment of a debt I can never repay in full. I am grateful for their concern, support, influence and direction throughout my life and for their flexibility in recent years, which has forced me to renounce the Doctrine of Parental Intractability.

It surprised me, some months ago, when I realized that every person I consider to have been a major influence during my graduate career was involved in this dissertation--the final stage of that career. This gives me a chance to say a word about each of their contributions.

Howard Gadlin, in my first year of graduate school, modelled a stance toward psychology which combined theoretical depth, an essentially ethical critique and a love and respect for scholarship as an enterprise which can actually help people. Al Winder reinforced those values, with his commitment to both clinical and theoretical work, his sophistication in both areas and his defense of intellectuality--a surprisingly unpopular position in many circles at the university. Hal Jarmon has been a supervisor, mentor and friend for years. His enthusiasm and earnest use of the concepts I've worked with in his own clinical work has sustained me during periods of doubt and confusion, and his support in general has helped me to tackle certain areas that I might not have considered without him. Ivan Boszormenyi-Nagy

has had a tremendous influence on my personal life as well as my clinical and theoretical work. I am indebted to him for the theories he has developed, for the access he gave me to the facilities of his department at EPPI, and for the time and encouragement he has contributed to this project and to my career. Lastly, I am grateful for his friendship. Harold Raush, as my advisor for five years, supervised every piece of research I undertook in graduate school, but his influence goes far beyond that. He, more than anyone else, gave me permission to try to be creative while he insisted on quality in my work. He cultivated in me an appreciation for imagination in clinical work, theory and research and, in doing so, gave me back an important part of myself.

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Finally, I wish to thank the therapists and secretarial staff at EPPI who made tapes, records and the facilities of the Family Psychiatry Department available to me and Sally Ives, who typed the final manuscript.

ABSTRACT

Intrapsychic and Interpersonal Processes in the
Parentification of Children

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Mark A. Karpel, B.A., Queens College
M.S., University of Massachusetts, Ph.D., University of Massachusetts

Directed by: Harold Jarmon

The concept of parentification organizes a complex web of intrapsychic and interpersonal processes which have long been observed in both family and individual therapies. Parentification refers to the process in which one member of a relational system--often a child--comes to act as an over-responsible caretaker for another member, for several others or for the system as a whole. This study examines the pathogenic parentification of children in family systems--that is, the prolonged and unilateral use of the child to care for and protect family members without such care being extended in return. Empirical data, drawn from family therapy sessions of five families and naturalistic home observations of another, are interwoven with theoretical material from a variety of sources in order to illustrate the concept of parentification, to suggest its utility for individual and family therapists and to examine the theoretical context in which it is embedded. At the same time, an attempt is made to highlight the interlocking of individual and relational dynamics which, it is thought, renders complex family patterns such as parentification most intelligible. Parentification is examined within the context of dialectical relational theory, which stresses the importance of conjunctive forces--such as loyalty, commitment and con-

cern--and of relational balance--that is, mutual trust, fairness, reciprocity and accountability--in family systems. It is viewed as a relational configuration which transcends the acts of any one person and which is characterized, most fundamentally, by imbalanced concern. The study examines factors within the parents as individuals, within the marriage and within the child which constitute preconditions for parentification. It proceeds to trace the complex interlocking of intrapsychic and interpersonal processes which contribute to the development and maintenance of parentification. Characteristic patterns of parentification are analyzed, at a functional level--in terms of the various callings, or roles and responsibilities, of the parentified child--and at an ethical level, in terms of the child's exploitation in the family system. Next, probable effects of parentification on the psychological, psychosomatic and relational development of the child are discussed. Finally, the concept of the parentified child is differentiated from a number of closely related concepts in an effort to further clarify its utility and limitations and the theoretical context within which it is most intelligible.

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P A R T I

CHAPTER 1

Introduction

The concept of parentification represents a recent addition to the theoretical vocabulary of family therapy. Yet, like any important concept, the phenomena it describes are not new. Parentification organizes a complex web of processes which have long been observed in both family and individual therapies, but only recently bounded, interrelated and articulated by this concept. These processes include intrapsychic experiences and interpersonal transactions, complementary projections and introjections, role-assignments and existential commitments among family members. Introduced by Boszormenyi-Nagy and Spark (1973) in the book, Invisible Loyalties: Reciprocity in Intergenerational Family Therapy, parentification refers to "the subjective distortion of a relationship as if one's partner or even children were his parent" (p. 151). In the case of two adults--a marital couple, for example--this occurs when one partner adopts a child-like position, experiencing and inducing the other to accept a protective, care-taking role and when the other, in fact, fulfills such a role.

In the case of a parent and child, the distortion of the relationship progresses even further, as the generational differential must actually be reversed. As Nagy¹ points out, "the person of the child

¹The authors indicate in their foreword that, although the book was written jointly, Boszormenyi-Nagy (to be referred to as Nagy) is primarily responsible for the theoretical chapters and Spark for those chapters explicating therapeutic considerations. Unless otherwise indicated, all citations for Nagy are from this source, as are citations attributed to Spark, 1973.

first must be transformed into that of an imaginary adult" (p. 152). For this reason, the parentification of children is considered a more serious and potentially harmful process than the parentification of a spouse.

Nagy asserts that parentification is to some extent a natural and inevitable feature of all parent-child relationships and can even contribute to the healthy development of the child. The parent's occasional and temporary reliance on the child as a support helps prevent the parent from becoming emotionally depleted and allows the child to identify with responsible roles for his or her future life. However, in some families, this reversal of roles becomes the rule rather than the exception. The child may have to constantly protect, support, nurture or function for a parent who maintains a demanding, dependent, child-like position. In these cases, parentification disrupts and impairs the emotional development of the child, who becomes so overburdened with responsibility that s/he is never given the chance to be a child--that is, to trust and rely on the parent as a source of care and support who will act responsibly for the child. In other words, when parentification of the child persists unilaterally, with no balance of reciprocity in terms of the parent's availability as a parent, parentification in a harmful sense can be said to exist.²

While the literal meaning of parentification denotes the role of the child as caretaker to a parent, the term will be used somewhat more broadly in this paper. The parentified child may "answer" a variety of

²Unless otherwise specified, the term parentification will be used to refer to this pathogenic imbalance in the family.

"callings" in the family, of which this is only one.³ The child may serve as care-taker to one or more siblings or to both parents, act as a go-between in conflictual relationships--marital or otherwise--or hold an even broader responsibility to the family as a whole. These various roles and responsibilities share the essential characteristics of parentification--a premature and excessive burden of responsibility for other family members placed on a child without balanced accountability in return.

Concepts similar to that of the parentified child have been proposed by a number of other theorists. A brief examination of some of these concepts will highlight differences as well as similarities. One clearly related concept can be found in Minuchin's (1967, 1974) description of the "parental child."

The allocation of parental power to a child is a natural arrangement in large families, in single parent families, or in families where both parents work. The system can function well. . . . A family with a parental child may run into difficulty, however, if a delegation of authority is not explicit or if the parents abdicate, leaving the child to become the main source of guidance, control and decisions. In such a case, the demands on the parental child can clash with his own childhood needs and exceed his ability to cope with them (1974, p. 97-98).

³The use of the term "calling," while somewhat awkward initially, is based on the decision that it comes closest, in its connotations, to the central dynamics of parentification. It suggests the child's recognition of a reality-based need for the duties to be assumed, his or her acceptance of those duties and, finally, the tremendous influence they may come to exert over every facet of his or her life.

In keeping with what he describes as a "structural" family perspective,⁴ Minuchin emphasizes the "allocation" of "power" and "authority," and, when excessive, the implicit violation of subsystem boundaries.

Brody and Spark's notion of a family "burden bearer" also resembles that of the parentified child. In an article on institutionalization of the aged as a family crisis (1966), they discuss one such person in particular.

Rose is a prime example of what may be called the family "burden bearer." This phenomenon appears with striking regularity and frequency. No matter what number of siblings in the family, there is often one "burden bearer." Over and over again the plaint is repeated: "I am always the one who has taken responsibility for my parent. I am the one who shops, takes her to the doctor. . . . I am the one she calls late at night if she feels ill." Sometimes the "burden bearer" seems to protect her siblings. . . . Sometimes the resentment and bitter envy are expressed. . . . The function of the burden bearer may be to maintain and support the family role-constellation, even at the cost of her own individual maturation.

Bearing the burden affords no assurance of reward or recognition (p. 83).

The authors go on to emphasize the importance of the individual's collusion in the maintenance of this role.

From a very different theoretical and clinical context, Harold Searles (1971, 1973, 1975) has developed the surprisingly similar con-

⁴We feel, along with Nagy, that the use of the term "structural" as a description of Minuchin's approach is somewhat misleading since Minuchin's theoretical system essentially limits itself to transactional family structures and does not encompass equally or perhaps even more important "ethical and existential structures" (Nagy, 1975) in the family. In future references to Minuchin's theory, we will retain the term within quotation marks in order to acknowledge generally accepted usage while maintaining our own stance.

cept of the psychoanalytic patient as a "symbiotic therapist" to his/her analyst and, by inference, at one time to a parent, parents or the family as a whole. Searles states:

Typically, the more ill the adult patient, the more powerful have been the parent(s) transferences (largely unconscious, of course) to him as being the latter's parent(s). Therefore, whenever the child showed any therapeutic concern for the parent, the latter reacted to the child as though the child were the parent's parent (1975, p. 132).

Elsewhere, he describes the "symbiotic therapist" as a

person who. . .has not firmly achieved individuation and whose most deeply meaningful human relationships consist in his complementing the areas of ego-incompleteness in other persons. This mode of relatedness is founded upon a relationship with his mother in which his ego-functioning was fixated similarly at a level of relatively infantile fragmentation and non-differentiation, partially because the precarious family-intactness required that he not become a whole person but remain instead available for complementing the ego-incompleteness of the others in the family, individually and collectively (1973, p. 249).

Slipp (1973) has conceptualized the relational structure of pathological family systems in terms of a matrix of introjects which parents require other family members to incorporate and act out, in order to stabilize the internal system of the parents. Spouses and children are not seen as separate autonomous individuals, but are pressured to think, feel and behave in accordance with these introjected images.

Four introjects that the parents employed were noted and developed into a paradigm. . . . The good self-introject . . .is equated with conformity and security; the bad self-introject. . .with rebellion, lack of achievement, or other elements threatening security. The good parent introject . . .is tied to gratification of needs by their own parents (the child's grandparent); the bad parental introject. . .

to perceptions of overcontrol, deprivation or abandonment (p. 385).

In this formulation, the child's introjection and active expression of the parent's internalized image of the good parent corresponds to what we have referred to as parentification. In view of his/her frequent role as mediator in marital disputes, Slipp refers to this child as the "Go-Between." This is similar to Ackerman's (1966) notion of "the family healer," who "takes on the role of peacemaker, protector, healer, or, if you like, 'family doctor'. . ." (p. 83).

This multiplicity of recent and related concepts lends credence to the prevalence in family systems of the phenomena described by parentification.

In this paper, we are concerned with the pathogenic parentification of children in family systems. We will attempt to clarify and delineate the concept of parentification in a variety of ways. Case material, from family therapy sessions and naturalistic home observations of a family, will be used to illustrate the process of parentification and the nature of the family constellation in which it occurs. An attempt will also be made to organize the emerging theoretical dimensions within which it is felt parentification must be understood. These efforts are seen as complementary--the first, differentiating, as it were, the "figure" of the concept in terms of the phenomena it encompasses; the second, differentiating the emerging conceptual "ground" within which parentification is embedded. We hope, in this way, to

demonstrate the utility of the concept for both individual and family therapists, to highlight some ambiguities it poses and, hopefully, offer some tentative resolutions to these ambiguities.

In this chapter, we proceed to a discussion of the empirical data to be used, in terms of their sources, criteria for selection, and relative weighting in the paper. Chapter 2 begins an analysis of the theoretical dimensions which provide a context for the concept of parentification; it concludes with a discussion of some of the ambiguities that concept presents. The chapters which comprise Part II move to the "figure" of parentification. They employ empirical and theoretical material in order to illustrate essential patterns and processes of parentification. Chapter 3 presents a series of brief descriptions of each of the families to be discussed. The four chapters which follow divide the gestalt of parentification into an analysis of pre-conditions for parentification (Chapter 4), the development (and maintenance) of parentification (Chapter 5), characteristic patterns of parentification (Chapter 6), and the effects of parentification on the parentified child (Chapter 7). In Part III, we return to a more purely theoretical level. Chapter 8 attempts to identify the sources of the ambiguities described in Chapter 2 and to suggest the beginnings of a resolution of those ambiguities. Chapter 9 includes a recapitulation of the major points covered earlier in the paper and a brief discussion of the implications raised for further study.

Before proceeding, we should point out a meta-theoretical bias of the researcher in this project--a bias which Nagy refers to as "the interlocking of systems." This involves an awareness of and an attempt

to illuminate the interpenetration of intrapsychic experience and interpersonal transactions. Despite more and more frequent and surprising convergences between the perceptions of individually- and systems-oriented theorists and therapists, there remains an (ironically) shared vision of the two perspectives as incompatible. One important bias with which this researcher approaches this material lies in a conviction in the possibility and inevitability of discovering a "hand-in-glove" fit between individual and relational dynamics. This is, admittedly, a conviction which is easy to assert and more difficult to demonstrate. We will attempt, within the limits of the data available, to illustrate this interlocking wherever possible. In his own work, Nagy signals such an approach by referring to parentification as "one of those structuring relationship patterns which have overt role assignment as well as internal expectation and commitment characteristics" (p. 154). This concern with the interlocking of individual and relational dynamics reflects one element of a broader theoretical approach which Nagy refers to as dialectical relational theory. Because this approach represents the framework within which the concept of parentification is embedded, it will be useful here to briefly describe its essential outlines.

Dialectical theory, in general, stresses the simultaneous operation and creative synthesis of what, from a monothetical viewpoint, appear to be antithetical forces. In Nagy's words,

The essence of the dialectical approach is a liberation of the mind from absolute concepts which in themselves claim to explain phenomena as though the opposite point of view did not exist. According to dialectical thought, a positive

concept is always viewed in contrast with its opposite, in the hope that their joint consideration will yield a resolution through a more thorough and productive understanding (p. 18).

He stresses that "the dialectical resolution is never a bland, gray compromise between black and white, it is living with live opposites" (p. 19).

Dialectical thinking is prominent in several areas of Nagy's theoretical approach--for example, in the insistence on subjective experience as grounded in relational interaction. In Nagy's view, "the dialectical approach defines the individual as partner to a dialogue" (p. 19). It "retains the individual as a center of his universe but views him in an ontologically dependent interaction with his constitutive others" (p. 34). The experience of Self depends, for its very existence, on a matching Not-Self or Other. Relationship, then, is not merely a bumping together of formed separate Selves but a dynamic interface for the simultaneous delineation of both partner's Selves against the ground of the Other.

This relationship between experience of the Self and dialogue with the Other is obviously related to the interpenetration of intrapsychic experience and interpersonal transaction already discussed. Instead of choosing to largely ignore either systems forces (the pure psychoanalytic approach) or phenomenological processes (the pure systems approach), this perspective insists on these as complementary and co-constitutive realms of relational systems. It becomes meaningless to try to discuss one without the other.

Beyond this, dialectical relational theory emphasizes the inseparable

arability and dynamic equilibrium in relational systems of forces such as autonomy and family loyalty, power and concern, exploitation and reparation, conflict and reconciliation. The dynamic relationships between these forces do not disappear merely because they are ignored by an observer. For example, an adolescent's moves toward his or her autonomy may create guilt deriving from the violation of family loyalties which, unless recognized and reconciled, can undermine the process of individuation. In yet another area, we can see the dialectical outlook in Nagy's assertion that a family "has to obtain mastery of subgroup antithesis rather than hope for absolute unity" (p. 21).

Finally, dialectical relational theory stresses the dynamic aspect of family homeostasis. In contrast to more static conceptualizations, this approach views the equilibrium of family systems as inevitably disrupted--by change and spontaneous actions of individual members--and requiring re-integration of change with continuity.

The qualitatively new event will upset the whole principle of equilibrium instead of simply tilting its balance from one homeostatic phase to the next. . . . The prevalence of movement over stagnation is the essence of the dialectical view of family relationships (p. 19).

This perception of change synthesized with continuity and resulting in a qualitatively different balance represents another vital aspect of dialectical relational theory. Many of these points will be elaborated later in this study. Having provided an admittedly brief introduction to dialectical relational theory for the reader, we can move from theoretical to empirical considerations.

The empirical material presented in this paper is drawn from a variety of sources, including audio- and videotapes of family therapy and evaluation sessions, case records for these same families, and written material based on naturalistic observation of a family in the home. In all, six families made up the initial "sample" of this study. Information on specific sources of data for each family is summarized in Figure 1. A number of factors went into the selection of these particular families. Obviously, the major criterion for selection was that a pathogenic parentification process, involving at least one child in the family, be identifiable. Second, with one exception, the material available on each family included observation of all nuclear family members. The exception is the Rosenberg family in Pathways to Madness. Dr. Henry observes the family without the eldest of three sons, who is institutionalized. In this instance, it was felt that the particular nature of the data--naturalistic observation in the home, by an anthropologist (as opposed to a psychotherapist)--provided a complement to the data from family therapy sessions valuable enough to outweigh this shortcoming. All other families have the advantage of having all family members present during the intervals to which we have access.

This complementarity of data was seen as another criterion in the selection of materials. Jules Henry's study of the Rosenberg family focuses on their everyday life at home. It provides a wealth of data on the observable interactions among family members in their daily lives together. And this, from the perspective of an anthropologist, trained in the observation of social systems, who comes to live with

Figure 1
Families Studied and Sources of Data

<u>Family</u>	<u>Source of Data</u>
Stein family	audiotapes of five family therapy sessions, within the context of a multiple family group
Robbins family	audiotape of one family evaluation
Gardner family	videotape of one family evaluation
Harris family	videotape of one family therapy session
Lewis family	videotape of one family therapy session ⁵
Rosenberg family	presented in <u>Pathways to Madness</u> , by Jules Henry, involving naturalistic observation by the author with a family in which one member has been institutionalized for mental illness

⁵All audio- and videotapes were made available by Dr. Ivan Boszormenyi-Nagy, Director, Family Psychiatry Division, Eastern Pennsylvania Psychiatric Institute (EPPI). Also provided were xeroxed copies of all case records related to past or present contacts with these families.

the family for one week. If we imagine the continuum of participant-observation, from pure participant to pure observer, Henry comes closest to the role of the pure observer. He is unequivocally, even if compassionately, outside the system.

With the five families on tapes of evaluation and therapy sessions, we encounter a different level of family life and two different perspectives on the family. Here, the focus shifts to the members' explorations of family problems, of the underlying structure of the family system, and of one another's internal experience of the family. These sessions were all considered valuable enough to be preserved by the therapists involved.⁶ This type of data gives us greater access to each person's expression of his/her perspective on the family and to their joint struggle with long-standing conflicts and family secrets. The therapists occupy positions in the middle of the continuum described above. As participant-observers, they move in and out of the system, and their movement is directed by their commitment, not just to understand the family, but to help change it. The family members themselves are "pure" participants in that they are existentially committed to, and therefore, irrevocably part of the system. This allows them to describe the family as experienced by its members, as no one else can. The fact that they are more likely to do so in these exploratory sessions than, for example, at home over dinner constitutes the unique value of this source of data for this study.

⁶The nine tapes used here were chosen after an initial examination of nearly forty tapes selected, out of the literally thousands available in Family Psychiatry, by staff members at EPPI as demonstrating a parentification process.

Beyond the object-role of the parentified child, we are concerned in this paper with the relational configuration of parentification. This focus on the relational system as a whole introduces an organizational dilemma which complicates the presentation of data. This dilemma centers around the choice, either to pursue similarities and variations across family systems or to pursue the complex interconnectedness--the unity of parts--within any one system, and the difficulty, in a limited space, of doing both satisfactorily. Our goal is to examine parentification as a relational constellation, to explore its relationship to the family as a whole and to each of its members. This goal, in conjunction with an interest in the interlocking of systems, dictates the priority of depth, in the sense of intra-system differentiation and integration. However, data from more than one family can, by confirming one another, further clarify significant features of the parentification process and, by introducing variations, help guard against the idiosyncratic parading as the general.

For these reasons, the values and priorities of this study dictate a particular form of compromise between these choices. One family from the original "sample" will be used as a primary source of data, a sort of hub around which other empirical and theoretical material will be organized. We will attempt to provide a fairly detailed portrait of the family as a whole in order to convey the role of parentification in the system as a whole. For this purpose, we have chosen the Stein family, in which the parentification process is most clear and for which there is the greatest abundance of data. Data from other families will be used either to supplement or complement material presented

from the Stein family. Where illustrative material is taken from several families, whenever possible, the Steins will be presented first and followed by the others.

A series of capsule family portraits immediately precedes the four largely empirical chapters in Part II. Hopefully, this organization will simplify the reader's effort to retain some sense of each family as a whole when specific data are presented in those chapters. Together, these family sketches constitute Chapter 3.

CHAPTER 2

The Theoretical Context--Assumptions and Ambiguities

As the variety of concepts presented in Chapter 1 suggests, closely related phenomena may look quite different depending on the theoretical perspectives from which they are approached. For example, while they share certain features, the concepts of the "parental child" and the "symbiotic therapist" contain obvious differences and may have very different implications for therapy and change. This study proposes that the phenomena described by parentification can be best understood within a definite theoretical framework. The purpose of this chapter is to spell out the relevant assumptions and, in a sense, dimensions of the theoretical context within which it is felt parentification becomes most intelligible. It is intended, then, as an attempt to help the reader understand the context in which parentification is embedded. However, the author recognizes that it is, equally, to paraphrase Jules Henry, an attempt to convince the reader to see these phenomena as the author does. The reader can decide for him/herself whether the empirical material presented supports these assumptions or others.

Our description of pathogenic parentification has emphasized the child's sacrifice in the family--meaning both his/her self-sacrifice in the interest of other family members and their willingness to sacrifice the child, demonstrated by the absence of balanced accountability to the child. This double meaning of sacrifice, which is the essence of parentification, directs us to a consideration, at a more abstract level, of concern and imbalance in relational systems.

Concern

The virtual absence, until quite recently, of serious attempts to describe the role of what we shall refer to here as "concern" in human life constitutes one of the most puzzling omissions in the literature of psychology. "Concern" is meant here to refer to a complex of phenomena such as caring, wanting to treat the other fairly, devotion, empathy, pity, loyalty, self-sacrifice and commitment. Obviously, these expressions are not synonymous. Loyalty and concern, in particular, seem to have significantly different connotations, which are, however, difficult to specify. In one sense, they differ in their relationship to what Farber (1966) refers to as "will." Concern is generally thought of as freely given; loyalty, as owed or obligated. Another difference relates to the realms of experience and action. Concern suggests an internal experience of the person, while loyalty more easily connotes both felt experience and demonstrated action. The concept of "commitment," a critical and largely unstudied phenomenon, seems almost to bridge this gap. Our own position is, instead of attempting to split hairs semantically, to consider these as complementary aspects of what Nagy (1975) has referred to as "conjunctive forces" in relational systems. In this section, we will focus primarily on the concept of concern. However, the approach to parentification taken here views both loyalty and concern as vital forces in individual motivation and relational structuring.

Psychoanalytic theory began with and has been constrained by an individualistic, quasi-biological perspective, while traditional family theories have been dominated by a focus on struggles for dominance,

power and control in the family. These trends have made it nearly impossible for an appreciation of the significance of human concern to emerge in these fields. Instead, the phenomenon of concern has been not so much denied as eclipsed by a variety of alternative conceptualizations.

Concern and pathological guilt. Probably the greatest factor in the relative invisibility of concern has been its transmutation in the crucible of psychoanalytic thinking into pathological guilt. The concept of guilt has been a cornerstone of psychoanalytic theories. And the individual- and pathology-oriented biases of those theories have contributed to a view of guilt as essentially irrational and pathological. Psychoanalytic theory developed out of and in response to a social context in which excessive neurotic guilt played an increasingly debilitating role in people's lives, and so this was perhaps inevitable. However, the overwhelming importance of this discovery and its potentially liberating effects served to obscure distinctions between pathological guilt and constructive concern. More recently, the failure to discriminate between irrational neurotic guilt and realistic existential guilt (Nagy, 1973) can be observed in the uncritical acceptance of an ideology of "autonomy" and "doing your own thing" which pervades many forms of individual and family therapy.

Winnicott stands out as an early analytic thinker who recognized that the capacity for guilt reflects a significant developmental accomplishment in terms of the infant's growing ability to maintain mature object-relationships. He asserts that "the sense of guilt, even when unconscious and even when apparently irrational, implies a certain de-

gree of emotional growth, ego health and hope" (1965, p. 19). It is difficult for us to conceptualize the positive aspects of the involvement-with-the-other implied in guilt. Instead, we envision a polarity of guilt, as debilitating involvement with the other, and "autonomy," as a sort of proud assertion of untouchability. As Nagy (1973) has pointed out, this view is inadequate for an understanding of the positive structuring forces in relational systems. Neurotic guilt stands in opposition not to pseudo-autonomy but to that positive sense of accountability to the other which plays so powerful a role in close relationships and which we refer to here as concern.

Concern and self-interest. A second operation performed on the phenomenon of concern involves its reduction to self-interest. Remarkably diverse theories of human nature, within and across disciplines such as psychology, sociology and anthropology, have, for the most part, shared a fundamental bias toward conflict and competition. The possibility of specifying the historical and socio-economic roots of this bias is tantalizing but beyond the scope of this paper. We can, however, note an early and influential proto-type in the Darwinian notion of "survival of the fittest" and in the social theories it spawned.

Traditional psychoanalytic theory has been dominated by the notion of conflict between internal systems and forces. Jung's (1960) notion of conflict as only one form of relationship between elements of the psyche, together with his emphasis on the importance of the "transcendent function," by which opposing elements are creatively synthesized, represents a striking exception to this bias. Social psycho-

logical and family theories have similarly been more comfortable with the consideration of competing social interests in a struggle for dominance than with the exploration of conjunctive forces in close relationships. The double-bind theory of schizophrenia (Bateson et al., 1956) provides a typical example. Here, the child is seen as a helpless victim, forced into submission by the parents' superior ability to confuse the communicational process. An appreciation of conjunctive forces would suggest consideration also of the role played by the child's loyalty and concern for the parent in the creation and maintenance of the bind in which s/he is caught.

In yet another social science, the situation has been succinctly described by Jules Henry (1965):

. . . although sociology swells its chest with a thousand "conflict theories," it has none on compassion. Because, in the chesty American view, which sociology continues to express in a supine and opportunistic way, conflict is the source of all progress. Life without conflict seems stale to the American elites; and compassion, which is a low-paid motivation, has been relegated to the fringes of the low-paid segments of the culture and has never been a subject for research (p. 197-198).

The point is that this conceptual bias has made it nearly impossible for social scientists to even see the expression of concern in social systems. Instead, behavior is ascribed to various forms of individual self-interest, such as need-fulfillment, pleasure drives, mastery, and need for dominance, while interactions are understood as the outcome of such competing drives between participants. We do not assert that in any given act, interaction or relationship, such motives are non-existent, but that they must be appreciated in relation to

forces of concern, loyalty, commitment and devotion. Again, it would seem that a dialectical relational model can more adequately capture the complexities of the relationships between these contradictory and complementary theoretical approaches.

Concern and altruism. The re-definition of concern into pathological guilt and self-interest leaves us with the rather mysterious concept of altruism--a notion which appears to float in space, with no foundation or connection to the rest of what we are led to believe of human nature. It is very difficult to conceive of altruism without immediately asking the question, "Why?" We would never think to ask why someone acts in self-interest, but we ask, and rightfully, why one acts altruistically. Unless concern is recognized as an inherent potentiality, "altruistic" actions remain inexplicable. When relationships are seen in terms of individuals locked in a struggle for dominance, altruistic behavior is viewed, at best, as either whimsical generosity or inculcated moral conformity. However, when the structural foundation of mutually satisfying relationships is understood as a balance of reciprocity between partners in which availability to the other is repaid by the other's availability to self and contributes thereby to a relational structure of "basic trust" (Nagy, 1973), the distinction between "altruistic" and "selfish" acts blurs considerably. Searles (1973) has expressed this understanding in his discussion of the infant's need to help his psychologically impaired mother.

The patient. . . is not merely a victim exploited by mother and family; It is as much as anything the patient's nascent capacity for love, and for the development of mature human responsibility, which impels him to perpetuate this mode of relatedness. From the not-yet-well-differen-

tiated, "selfish" point of view, he strives for his psychological and physical survival, to maintain the only mode of relatedness he knows and hopefully to so enhance, so strengthen the mother as to enable her to mature further, to provide himself with a model for identification, for the sake of his own maturation. From the "altruistic" point of view, which is also not well differentiated, he goes on literally sacrificing his own potential self, for the sake of complementing the mother and thus ensuring her survival (p. 249).

Unfortunately, Searles' formulation represents the exception rather than the rule for the bulk of literature in the social sciences.

The alternative explanations described above have been so consistently favored in psychological and social theories that the phenomenon of concern has been virtually excluded from our understanding of human nature. Reduced to pathological, irrational guilt, on the one hand, and to self-interest, on the other, the real foundations upon which concern rests have been eroded, leaving the pale and essentially meaningless concept of altruism. Some notable (but by no means, exhaustive) exceptions to this trend merit a brief examination.

One attempt to describe concern can be seen in Sullivan's (1953) discussion of maternal "tenderness."

The observed activity of the infant arising from the tension of needs induces tension in the mothering one, which tension is experienced as tenderness and as an impulsion to activities towards the relief of the infant's needs. . . . This, in its way, is a definition of tenderness--a very important conception, very different indeed from the miscellaneous and, in general, meaningless term, "love," which confuses so many issues in our current day and age (p. 39-40).

The reciprocal interpersonal process of "empathy," described by Sullivan as the induction of anxiety in the infant in response to anxiety in the mother, might be seen as the sort of primitive, undifferentiated receptivity from which concern would be likely to develop.

The development of concern has been the explicit focus of D. W. Winnicott. In a paper on the sense of guilt, Winnicott (1965) discusses the complex and natural development of this capacity in the child.

I shall attempt to study guilt-feeling, not as a thing to be inculcated, but as an aspect of the development of the human individual. . . . Those who hold the view that morality needs to be inculcated teach small children accordingly, and they forgo the pleasure of watching morality develop naturally in their children, who are thriving in a good setting that is provided in a personal and individual way (p. 15).

Winnicott uses Kleinian concepts to explain the capacity for guilt. Essentially, this posits the infant's growing ability to tolerate aggressive impulses against the mother as it learns that she will survive and that reparative gestures can be made. Thus, as Stierlin (1974) points out, Winnicott's conception of guilt implies "a willingness and ability to take into account the other, and hence to register . . . the impact of one's aggression on him" (p. 152). Winnicott suggests this development proceeds during the first year of life but admits that "there are immense difficulties in fixing the date of the origin of guilt feelings in the normal infant," adding "there is no need to claim that these things happen very early, although possibly they do" (p. 24).

In a later paper entitled, "The Development of the Capacity for Concern," Winnicott revises some of his earlier work. A short excerpt will suffice to convey both the content and connotations of this rare discussion of the subject.

The word "concern" is used to cover in a positive way a phenomenon that is covered in a negative way by the word "guilt." A sense of guilt is anxiety linked with the concept of ambivalence, and implies a degree of integration in the individual ego that allows for the retention of good object-image along with the idea of a destruction of it. Concern implies further integration, and further growth, and relates in a positive way to the individual's sense of responsibility, especially in respect of relationships into which the instinctual drives have entered.

Concern refers to the fact that the individual cares, or minds, and both feels and accepts responsibility (1965, p. 73).

Another author whose discussion of this subject merits attention is Farber (1966). His description of "pity" is less in the nature of a theoretical principle than that of a casual but significant observation in the context of the psychotherapy of schizophrenia. In an article entitled, "On Therapeutic Despair," he states,

If nothing has been said about the role of pity in treatment, it is because the word is associated partly with thoughts of condescension and partly with those uncomfortable sensations we call "anxiety." It is true that another's misfortune may arouse fear, as well as self-congratulation; but it may also arouse pity. I do not mean sympathy; I mean an actual sensation of pain or grief awakened by another. . . . Pity demands an imagining of the other's particular pain to the degree that the pain is experienced as one's own (p. 170-171).

The notion of concern is implied, if not directly stated, in Erikson's (1959) concept of generativity. As used by Erikson, generativity

refers to the mature adult's capacity and need to care for and guide the development of the next generation. He emphasizes the fact that this is far from synonymous with the ability or decision to have children and that many young parents suffer from a failure to develop this capacity. Its connotations of caring and taking responsibility for another qualify this concept as yet another attempt to describe the forces we refer to here as concern.

Perhaps the clearest and most emphatic statement of the significance of concern has been made by Harold Searles in a series of recent articles (1971, 1973, 1975). In the most recent (1975), Searles states the case as follows:

. . . innate among man's most powerful strivings towards his fellow man, beginning in the earliest years and even earliest months of life, is an essentially psychotherapeutic striving.⁷ [Psychotherapists merely give expression to] a therapeutic devotion which all human beings share (p. 95).

He suggests a reconsideration of the etiologic picture for psychotic as well as less severely disturbed patients based on this view.

. . . I suggest that the patient is ill because of the developmental vicissitudes of this particular striving, . . . I . . . assert that I know of no other determinant of psychological illness which compares, in etiological importance, with this one [*italics Searles'*] (p. 96).

More specifically, Searles refutes popular notions of the schizo-

⁷Nagy has observed (personal communication) that one limitation of this formulation is its reliance on a secondary relationship (psychotherapy) to describe a critical aspect of primary relationships (family ties).

phrenic as "overdependent," "object-addicted," "self-centered," "narcissistic," and "receptive," as opposed to giving. He suggests instead that the schizophrenic's

impairment in whole ego-functioning, his inability to function as a whole individual, is due most fundamentally to a genuinely selfless devotion to a mother, or other parent figure, the maintenance of whose ego functioning requires that the child not become individuated from her (or him) (p. 137).

The reader may note the resemblance between this picture and the one presented earlier for the parentified child. We will have a good deal more to say concerning this resemblance in Chapter 8.

Each of these theorists has attempted, under various labels, to carve out a place for the role of concern in human life, especially, in close relationships. But while implicitly interpersonal, their formulations are, for the most part, individualistic. They focus primarily on the individual's experience of concern, and on its impact on individual development. The unit of interest is person, not system. By contrast, Nagy has been primarily responsible for demonstrating the significance of conjunctive forces such as loyalty and concern, not only in individual motivation but in the structure of relational systems as well. His theoretical approach utilizes concepts of loyalty, accountability and justice to describe processes on a systems level which interlock with concern on the individual level. For now, we limit ourselves to a brief illustration of Nagy's approach which will be examined in greater detail in the discussion which follows.

Nagy stresses the importance of forces such as loyalty and concern

in relational systems, asserting that "Commitment, devotion and loyalty are the most important determinants of family relationships" (p. 8). More specifically, he suggests their role in parentification.

Children are unceasingly loyal and will assign themselves as physical and psychological guardians to one or both parents if they sense insatiable unmet needs for comforting. These are the parentified children (p. 258).

However, even an appreciation of members' individual feelings of concern does not suffice for a conceptualization of the structure of multi-person systems. For Nagy, one vital "medium" which connects members' feelings with system's structure is the realm of action. When concern becomes manifest in the actions of members toward one another, it moves beyond the realm of their separate internal experiences. In relational systems,

the mutuality of care and concern is not only experienced by the participants, but it transcends their psychology through entering the realm of action or commitment to action (p. 7).

In family therapy,

Expression of concern for the other and accepting recognition of the other's concern lead to changes in the action dialogue rather than merely to improved individual insight (p. 93).

This emphasis on acts of concern between members makes explicit what remained implicit in the concept of accepting responsibility for another in, for instance, Winnicott's discussion of concern.

Nagy considers the most important dimensions of relational systems

to consist of the dynamic balance maintained between members in terms of their mutual loyalties, obligations, meritorious acts and inevitable exploitation of one another. Temporary or limited exploitation of the other is an inevitable aspect of partners' complementary self-definition in close relationships. Moments or areas in which one partner needs to use the other in ways which violate the other's needs can not be avoided. Balancing this inevitable exploitation, however, are each partner's voluntary self-sacrifice for the other, and his/her willingness to be available as an object for the other and to make reparation for past injuries. In this sense, the most important determinants of relational systems can be seen in the balance of fairness and reciprocity between members, which leads inevitably to an ethical approach to relational systems. It becomes impossible to discuss the interplay of members' needs, uses and availability for one another in purely functional terms. Nagy recognizes that the concept of justice seems at first a foreign one to this subject matter but states, "We purposely chose the word justice because we feel that it connotes human commitment and value in all their rich and motivating power and meaning" (p. 55).

From this perspective, then, concern is seen not only as an important feeling experienced by individual members of a system but, especially in its manifestation in responsible action and commitment to action between members, as a relational force which includes but transcends members' individual psyches. In addition, loyalty and concern exist as dynamic counterweights to inherently exploitative forces in relational systems.

Ontically meaningful relationships must be motivated by mutually interlocking patterns of past and present concern and caring, on the one hand, and of possible exploitation, on the other (Nagy, p. 43).

Our intention in this section has been to demonstrate the recent emergence and vital significance of the concept of human concern as a force in individual motivation and in the structure of relational systems. Concern implies an ability to feel with the other; almost, we might say, an inability not to feel with the other. It suggests, beyond this, some measure of accountability--that is, a willingness and ability to act responsibly toward the other and, in so doing, to merit responsible actions by the other in return. This mutuality of concern constitutes a "relational structure in which each individual as a separate entity can draw from or has to be accountable to a just human order" (Nagy, p. 24). We have found it most convenient to refer to loyalty and concern as a way of designating a constellation of conjunctive forces such as pity, tenderness, devotion, commitment, caring and self-sacrifice. Our discussion of these forces at such length is dictated by the belief that parentification becomes most intelligible when considered in this context.

Perhaps because an appreciation of concern is so recent, the implications of its vicissitudes in development appear confusing and somewhat contradictory. For example, Searles lays primary emphasis in the etiology of psychopathology on the frustration of the "therapeutic strivings" he describes, although he also refers to their simultaneous "intensification." Nagy, on the other hand, speaks primarily of the exploitation of concern in his discussion of parentification,

while he also asserts that a parent's refusal to allow the child to express gratitude may be harmful. For the moment, we can sidestep this dilemma since both processes--the frustration and the exploitation of concern--converge in the concept of "relational imbalance." This brings us to the second theoretical dimension we need to examine in order to understand parentification in its proper theoretical context.

Balance and Imbalance in Relational Systems

Many of the concepts in current use by family therapists have not kept pace with the assumptions and realizations upon which family theory is based. They represent, instead, hold-overs from more individualistically-oriented perspectives. Nagy asserts that the notion of pathology constitutes an important instance of this lag in conceptualization.

Pathology is an individual, medical concept. Its counterpart on a multiperson system level must be defined as a pathogenic relational configuration (p. 102).

The concepts of balance and imbalance in relational systems represents, according to Nagy,

attempt[s] to formulate a multiperson systemic counterpart to what psychopathology is in individual terms. [They] imply a minimally two-person system as their unit (p. 100).

The question arises then as to a balance and imbalance of what? Nagy asserts that these terms always refer most fundamentally to the balance of justice between members of a relational system--that is,

between unavoidably exploitative and intentionally reparative actions, between obligations imposed and discharged, between members' acts of reciprocity, care and concern toward one another. From this vantage-point, relational systems become imbalanced when concern in action flows primarily one way (for example, from child to parent), or when children are kept in debt to parents by being prevented from repaying debts in action; when one member is made to serve the particular needs of other members without being able to impose his/her own needs on them, or when meritorious actions go unacknowledged and un-returned.

Nagy makes it clear that concepts of balance and imbalance do not constitute an alternative to those which describe individual psychology, but are their dialectical counterparts.

The concept of relational balance does not replace but interlocks with the concept of individual depth psychology, in both its experiential and developmental aspects. A balanced relationship promotes healthy individual growth The individual also contributes to the balance of his relationships through his availability, actions and personality (p. 100, 101).

The degree of balance or imbalance in a relational system is constituted by the past and present actions of its members and impinges on them as either resource or pathogenicity. This provides a language for discussing the "fit between person and system" (Raush, 1975) without having to sacrifice either. For example, in an examination of the relational configuration of parentification, a consideration of the person as a separate, discrete individual is essential. On the one hand, the chronic imbalance of parentification will affect the "relational resources" the individual "brings" with him/her to future rela-

tionships. On the other, concepts of healthy individual development provide an important standard by which to assess the harmful effects of parentification.

Some clarifications are in order here. The first concerns the dynamic aspect of balanced as well as imbalanced systems. Balance is not meant to imply the absence of imbalance, a static condition in which injustice and unfairness are non-existent. Rather, it describes a process in which the achieved balance of justice inevitably becomes imbalanced but can be rebalanced through the actions of its members. Nagy implies that this constant fluctuation is not only unavoidable but potentially constructive for members.

As injury and unfairness become balanced through restitution, the spontaneity of autonomous motions of individual members is bound to create new imbalance and new injustice which, if recognized and faced, leads to a richer, safer definition of freedom and concern among members (p. 19).

In that it requires a new effort at rebalancing, transitory imbalance contributes to growth in relationships. Only fixed, unchangeable imbalance with its consequent loss of trust and hope should be considered pathogenic (p. 101).

A second point which should be emphasized is that fixed relational imbalance does not refer to the actions of any particular member of a system but to the configuration of the system as a whole. So that, while one member might obstruct rebalancing, "the essence of imbalance is always a chain of social processes rather than an individual's initiative or acts" (p. 102). This distinction takes on added meaning when we try to examine parentification as a relational configuration instead of the action of one parent.

Lastly, the concept of imbalance should not be understood as implying simply that one or more members benefit while another or others suffer. This would overlook the mutual but complementarily limiting gratifications in these relationships which underlie the collusion of even suffering members in maintaining the imbalance. What begins as imbalance may develop into a relational rigidity or inflexibility in which members achieve some gratification and some sense of identity, but at the cost of further growth and individuation through other roles. Whitaker and Napier (unpublished paper) have referred to this aspect of relational systems as follows.

A healthy family is one that maintains a high degree of inner unity and a high degree of individuation. . . . Involved in this definition also is the assumption that individuation in a healthy family makes possible such mobility that any member can function in any role. . . and this flexibility is available in response to a situation and the impulse or creative moment taking place within the family (p. 1-2).

We may quarrel with the somewhat idealized tone of this definition without denying its utility as a descriptive formula.

Nagy expresses a related view in the distinction between genuine accountability and frozen role obligations.

Fixity of frozen role obligations can be contrasted with the atmosphere of basic trust existing in a family. Basic trust, though coined as a psychological stage of individual psychosocial development, is predicated upon a relational structure in which each individual as a separate entity can draw from and has to be accountable to a just human order. A just order does not imply absence of injustices; it implies that genuine accountability should be a stronger role than any other fixed obligation (p. 24).

We can now briefly examine the relationship between these concepts of systems balance/imbalance and the more familiar concepts of individual pathology and exploitation.

Lastingly unbalanced relationships imply individual psychopathology of at least one of the key participants. Imbalance in the reciprocity of a relationship is never static or stagnant and unless it can be rebalanced, it can lead progressively to more explosive tension (p. 101-102).

To the extent that fixed imbalance undermines trust and hope, it must interfere with the individual's ability to develop psychologically and to invest later in caring, reciprocal relationships. Whether a child is held "overaccountable," as in the case of a parentified child, or "underaccountable," as with a spoiled, infantilized child, individual development is impaired. The debilitating effects of excessive, unreciprocated demands are well described in the clinical literature. The similarly destructive impact of exempting a child from responsibility for reciprocal fairness to others is perhaps less obvious. It is recognizable, however, in psychoanalytic discussions of pathological narcissism (Kohut, 1960), in Adler's (1929) formulations of the "useful" and "useless" sides of life, in Erikson's emphasis on the need for "concerned limit-setting" (1959), and in recent references by a number of theorists (Searles, 1971, 1973, 1975; Singer, 1971; Nagy, 1973) to the pain of feeling useless to others.

Finally, this explicit concern with the balance of fairness in relational systems allows us to recognize the implicit assumption of such a balance upon which concepts of exploitation are based. Exploitation is normally understood as referring to one person using or mis-

using another. This mistaken equivalence of exploitation with use-of-the-other derives from the untenable assumption that close relationships can exist in which people do not use one another. It is fostered by the naive romantic notion that "good" relationships are those in which partners' needs are perfectly complementary. In fact, such a situation is non-existent. Partners, as stated earlier, always use one another. The important question becomes whether one's use of the other is reciprocated by one's availability for use by the other. And, although they are often used interchangeably, it is this distinction which separates use from mis-use. Mis-use implies imbalance--that is, excessive or unilateral use of the other. And the distinction between "using" and "mis-using"--that is, exploitation--becomes intelligible only in a context of reciprocal justice.

The previous discussions of loyalty and concern and of relational balance and imbalance lay the groundwork necessary for an examination of the pathological parentification of children. They lead us to consider this phenomenon as a particular form of relational imbalance, one in which the child is called upon to expend far more energy in light of his/her age in the care of other family members (or of the family as a whole) than is expended by those others on the child in return. Parentification is a relational configuration characterized by imbalanced concern and imbalanced accountability. Such imbalances would be natural and healthy were the child and parent roles reversed, since parenting involves a commitment to a long period of imbalance in view

of the child's nearly total dependency in early life. Between spouses, however, such imbalance would be more sharply felt and more harmful and, reversed between child and parent as in parentification, it is more harmful still.

What was said earlier of relational imbalance, then, holds equally in the more specific case of parentification. Parentification refers to a relational configuration, to a "chain of social processes," and not to the acts or initiatives of any one person. It is analogous to those transactional modes which Stierlin (1974) designates as "covert organizing structures," which "shape the more obvious and specific child-parent interactions" (p. xii). Nagy, as we recall, refers to parentification as "one of those structuring relationship patterns which have overt role assignment as well as internal expectation and commitment characteristics" (p. 154). This highlights a distinction which is easily blurred--that is, between the relational configuration of parentification and the object-role of the parentified child.

While the object-role of the parentified child can be discussed in purely functional terms--i.e., what tasks are performed, what services rendered--the relational configuration of parentification can only be fully comprehended by considering the ethical structure of the relational system as a whole.

Finally, from an intergenerational perspective, parentification disrupts what Rappaport, in his introduction to Erikson's (1959) work, refers to as the "cog-wheeling of the life cycles" (p. 15)--the meshing between parent ready even needing to engage in parenting and children needing to be parented, a meshing repeated across the generations.

Parentification is at once cause, expression and result of the disruption of this "cog-wheeling."

For those familiar with individual and family therapy, a common response to the concept of parentification is to find it both compelling and elusive. It may bring into sharper focus processes which have been dimly perceived by the therapist. But while it seems likely to dispel ambiguity in some areas, in its present state of development, it highlights new ambiguities in others. For example, what kinds of functions are served by the parentified child for the parent or for other family members? How do we conceptualize the sources of the pressure for parentification by the parent, the process of role-induction, and the complicity of the child? How does parentification interfere with the child's healthy development? What are its implications for what have been traditionally seen as forms of individual pathology, but which may be related to it? How wide is the range of phenomena which can usefully be encompassed by the term? Often, Nagy and others discuss parentification as though it refers specifically to cases where children assume dutiful, over-responsible roles, while at other times, the concept appears to expand to include even rebellious, scapegoated and infantilized roles or, more broadly still, any situation in which a child's loyalty and devotion to a parent is expressed.

This paper will try to address both the attractions of the concept of parentification as well as the problems it poses and, hopefully, to shed some light on both. Most of the questions listed above will be addressed in the chapters which make up Part II, dealing with the "figure" of the concept. Ambiguities concerning the boundaries of

parentification will be examined in Part III (Chapter 8) where we will return to the theoretical dimensions presented here in an attempt to clarify the conceptual "ground" in which parentification is embedded.

PART II

CHAPTER 3

The Families

Chapters 4 through 7 present a detailed examination of patterns and processes which contribute to, characterize and may result from parentification. As described earlier, this discussion will be organized primarily around empirical data taken from therapy sessions and case records of one family--the Steins. Data from other families and theoretical material will be used both to supplement and to complement this primary source of data.

The translation of a relational gestalt into an unavoidably linear form of presentation poses problems for both reader and author. The task is somewhat like that of a map-maker who must distort the three-dimensional shape of the globe to suit the two-dimensional form of his/her medium. In both cases, the reader's comprehension is enhanced by an awareness of these changes and by an effort of imagination. In this case, the presentation has been divided into four major chapters which, despite overlap, seem to represent a logical organization of the data.

We begin in Chapter 4 with a discussion of pre-conditions for parentification. This includes a description of factors in the parents as individuals, in the marriage and in the child which seem likely to contribute to the imbalance of parentification. Next, given these pre-conditions, we examine some of the processes in the development of parentification (Chapter 5). Involved here are both intrapsychic and interpersonal processes which operate to create and maintain the rela-

tional structure of parentification. Chapter 6 presents a more detailed look at characteristic patterns of parentification--those roles, callings and relational configurations which most typify parentification "in action." Finally, Chapter 7 attempts to describe some of the probable effects of parentification on the parentified child him/herself.

We recognize that these divisions are, to some extent, arbitrary. A parent's inability to respond to his/her child's own needs constitutes both a precondition and an important characteristic of parentification, as does the child's concern for his/her parent. Similarly, the conflictual relationships which the parentified child is often called upon to "go-between" can be seen as both sources and results of parentification. Hopefully, however, this format provides for the greatest possible elaboration of these phenomena with the least possible distortion.

Empirical data in these chapters will be organized according to topic. While this facilitates a presentation of general characteristics of parentification, it unavoidably fragments the original coherence of each family. In order to give the reader an exposure to the family contexts from which data derive, we include here a series of brief descriptions of each family. The order of presentation corresponds roughly to the relative importance of each family as a source of data. Names and other identifying information have been disguised to preserve confidentiality (except in the case of the Rosenberg family where such measures have already been taken by Dr. Henry). Ages provided refer to the individual's age at the beginning of therapy or,

in the case of the Rosenbergs, at the time of Henry's visit. In addition, the make up of each family, in terms of all members' names and ages, is summarized in Figure 2.

The Steins

Norman Stein is 38 years old. His wife, Mildred, is 45. Mr. Stein is a lithographer; Mrs. Stein worked as a secretary and book-keeper until the birth of their children, Eva, age 12, and Michael, age 7. She has been a homemaker since that time. Five years before their contact with EPPI, Mr. and Mrs. Stein were referred to a private psychiatrist for evaluation, citing "marked marital difficulties and a disruption of the entire family situation." In case records from this contact, Mrs. Stein is described as "a rather gross, unkempt, obsessive compulsive character who does not recognize her own pathology and is making the environment miserable."

In subsequent case records from EPPI, Mrs. Stein is portrayed as "not only older but taller" than her husband, as "an aggressive, non-feminine woman," "belligerent, hateful, resentful and determined." Elsewhere, however, reference is made to an "underlying depressive problem" in Mrs. Stein. Records note that "at times she seems to be extremely unhappy and the entire family is busy trying to console her."

Mr. Stein is described as "a rather passive, dependent character who is willing to go along with his wife although there is a tremendous amount of protest." He says that his wife "will not allow him to resist her." In a psychiatric evaluation of Michael and his parents one

year before their treatment at EPPI, Mr. Stein is described as "pedantic and intellectual, . . . more intent on expressing his anger toward his wife than on discussing Michael." These records describe Mr. Stein as "very dependent on his wife and. . . in rivalry with the children for his wife's attention and affection, yet resentful of this dependency." Case notes from EPPI depict Mr. Stein as "an extremely verbal but very ineffectual male, who isn't satisfied with his marital situation and his role as father. He claimed he was unable to do anything about the family situation."

Eva, 12 years old, is "a rather large girl for her age," dressed by her mother, in the words of the nursing staff, "like a little old lady." She acts as "a mother substitute for Michael to the extent that he is hugging Eva and leans on her shoulder throughout the session." She is also described as "the life of the Steins." "She functions as an arbitrator for the parents. She has been quite active in intervening in her parents' arguments in an effort to save their marriage."

It is Michael's poor progress in school and "bad dreams" that first bring the Steins to EPPI (although Mr. Stein alone and the couple together have had brief treatment previously in their marriage). Psychological evaluation reveals Michael to be a very bright boy (Full Scale IQ, 131) who is not working up to his potential. He is very anxious and fearful. Mrs. Stein requested an evaluation for Michael because he was playing with matches and trying to watch his sister undress. Parents also describe thumb-sucking, a bad temper and not knowing his limits as problems. Case notes from EPPI portray Michael as an extremely infantilized child, to the point where his mother, even

upon termination of the therapy (with Michael now age 9) continues to wipe him on the toilet presumably because he cannot do this for himself.

The household is dominated by Michael's demands, especially at bedtime, when one of his parents must either take him to their bed or lie down with him until he falls asleep. Mr. Stein protests these indulgences but ambivalently complies himself.

The parents have experienced long-standing marital difficulties. Five years before family treatment at EPPI, they engaged in marital therapy for about six months. Marital conflict is revealed in the couple's inability to discuss virtually any subject without childish bickering and attempts to overpower the other. In addition, although the subject is gingerly skirted in the sessions we have on tape, Mr. Stein notes on his intake sheet at EPPI that his wife and he have "stopped affectionate relationships years ago."

One outstanding feature of the family constellation is the infantilizing and symbiotic relationship between Mrs. Stein and Michael. Mr. Stein, while cooperating with this infantilization, is competitive with Michael for his wife's attention and refers to him in one session as "that little bastard." While the parents feud over Michael, Eva mothers him, supports both parents and seems largely to be taken for granted.

The Steins were seen at EPPI in the context of a multiple family group. For almost all of their 1-1/2 years of weekly therapy, there was one other family in the group--the Kerr family. After 18 months of therapy, the Steins terminated "on the basis of an administrative

decision on the part of the therapists." Case records indicate that all members except Mrs. Stein expressed feelings of anger and disappointment at the termination. The five sessions to which we have access span virtually the entirety of the therapy. The first tape represents the family's second session. The second and third tapes were recorded one week apart almost a year after the first. The last two tapes were recorded, again a week apart, two months later. The Steins were terminated three months after the last tape was made.

The Rosenbergs

Dr. Henry tells us that Mr. and Mrs. Rosenberg are in their late forties. They are both immigrants from Jewish ghettos in Eastern Europe. Abe, 16 years old and the eldest son, is institutionalized when Henry visits the family. (Henry gives no information concerning the length of the parents' marriage, length of Abe's hospitalization, or his diagnosis.) Their other sons are Irving, age 13, and Ben, age 12. Mrs. Rosenberg holds a full-time job as a file clerk; her husband works repairing furniture.

Henry describes Mrs. Rosenberg as "the most adequate person in the house."

Incessantly talking, ordering, driving, nevertheless she barely restrains within her an explosive mixture of anxiety, rage, suspicion, dependency, confusion and feelings of vulnerability, worthlessness and helplessness.

Mr. Rosenberg is, by contrast, extremely passive and must often be spurred to action by his wife. Henry notes that for a long time Mr.

Rosenberg had been too sick to work, so Mrs. Rosenberg worked to support the family and "kept everything about the children from him. . . to 'protect' him."

Mr. and Mrs. Rosenberg are almost completely isolated from one another. In his week with the family, Henry observes "no word of warmth, no smile, no expression of consideration passed between husband and wife." Nor does he observe any fighting or disagreement. Conversation, itself, is rare between these spouses. Mrs. Rosenberg tells Henry that, while her girlfriends married rabbis, she had "no luck." Mr. Rosenberg, soon after Henry's arrival, tells him that his wife is very violent, that she beats the boys with her fist or a strap, and that she used to beat Abe, who hates her.

Abe appears to have been both brilliant and cherished. He was a "genius." At the age of three he performed "mental miracles." In elementary school he was a show-piece. But as he grew older, he became more resistive and lost all interest in studying. Mrs. Rosenberg tells Henry that when Abe was two years old, she was already beating him with a strap. She says that he always believed she and her husband kept secrets from him and did things for him only to take advantage.

The parents often compare Abe and Irving, and this is a source of anxiety for them, since they fear Irving will follow his brother. Irving is a perceptive, exploitative and bullying boy, who is thoroughly scapegoated by both his parents and other relatives. But while he shows the pain of the constant belittling he suffers in his only meaningful human relationships, Irving is proud and resistive, qualities his parents lack. This serves to fuel their persistent under-

cutting of him, both to his face and behind his back. The relationship between Irving and his father is especially poisoned. Mr. Rosenberg seems to both fear and hate Irving, and takes advantage of every opportunity to criticize, blame or undercut him. Mrs. Rosenberg makes somewhat more of an effort to conceal her dislike for Irving and he acknowledges that she is more sensitive than his father.

Ben used to suck his thumb, hide under a table from strangers, and, until the age of eight, move his bowels in his underpants and go to sleep that way. Now, at age 12, he is compliant, obedient and available to every member of the family. In this family of detached or hostile relationships, all members are close to Ben. Were he less actively nurturant, he might fit the role of the "family pet" (Spark, 1973)--harmless, out of the conflictual sphere, giving affection to everyone, like a small puppy. But Ben is in many ways the "good mother" in this household. He prepares meals, cleans up, makes beds and hovers over his older brother, anxiously reminding him to drink his milk.

Irving beats Ben and delights in treating him as a "slave," but Ben clearly enjoys this service, and Irving's real dependency is demonstrated when he climbs into his brother's bed at night and sleeps snuggled up to him. The boys are isolated from peers and have only each other to play with. Mr. and Mrs. Rosenberg clearly prefer Ben to Irving, although they wonder how Irving knows this. Mrs. Rosenberg chats with Ben as with a woman friend and her husband snuggles up to Ben when they watch television, occasionally slipping a hand under the boy's buttocks.

None of the Rosenbergs seem to have any relationships outside the nuclear family, with the exception of a few of Mrs. Rosenberg's relatives upon whom they are financially dependent.

The Lewises

Diane Lewis is 35 years old and works as a homemaker. Her husband, Edward, is 37 years old, an appliance repairman. The children are Larry, 12, Steve, 10 and Dale, 5. Edward is described in case records as "a depressed man" with a history of severe colitis and readily apparent facial tics. He is also portrayed as angry and controlling, "subject to temper tantrums, particularly outbursts at the children in which he [is] demeaning and occasionally physically hurtful." He was, himself, constantly demeaned by his own father in his childhood. Diane is seen as an "angry, competitive woman" who is both depressed and tearful. She sometimes spends sessions in "sulky silence." An only child who is unable to see herself as a grown woman, she is resentful and child-like with her own parents. In her family with Ed, she vacillates between being a responsible adult and a "temperamental, demanding child."

The Lewises have been married for 14 years and have experienced long-standing marital problems. They were referred to EPPI by Larry's counselor at school and sought treatment in connection with his academic problems in school and his tantrums and "uncontrollable rages" at home. While Larry is the original "identified patient," they acknowledge a high degree of discord in the family as a whole.

Larry is seen by the parents as obnoxious, provocative and con-

trolling. Mr. Lewis appears to project many of his own negative traits onto Larry and Mrs. Lewis admits that she dislikes Larry and cannot talk to him. Steve, by contrast, is quiet and quick to tears. He is "passive and compliant to all demands and then erupts non-discriminately." The parents see Steve as "like" Mrs. Lewis. He is clearly preferred to his brother by both parents. Dale is "daddy's favorite," "quiet and overshadowed by her brothers." The whole family "speaks at once for themselves and for each other with little controls or internal rules." Mr. and Mrs. Lewis threaten to leave each other or to commit suicide, among other threats, quite often.

The Lewis family was seen in a variety of therapeutic modalities--in family and marital sessions and in individual sessions for both parents--on a once or twice weekly basis for 2-1/2 years. They were terminated by administrative decision of the therapists, who felt they had progressed as far as they could at that point. Material presented here is taken from a family session six months into treatment.

The Gardners

Wayne and Carol Gardner are 50 and 45 years old. Carol is a homemaker while Wayne works as a salesman. The Gardners present an unusual and somewhat confusing family constellation. Wayne and Carol have two natural children, Bobbi, 27 years old, and Wayne Jr., 18 years old. At the age of 17, Bobbi married and had two children, Davie, now 8 years old and Linda Sue, 3-1/2. The marriage was characterized by frequent arguments and separations, during which Bobbi returned to her

parents. Over the ten years of their marriage, they spent no more than a year together at any one time. Both Davie and Linda Sue were legally adopted by their grandparents soon after birth. Davie understands that Bobbi is his "real" mother but both children are encouraged to refer to Wayne and Carol as "mom" and "dad", and to see Bobbi as a sort of older sister. Davie is especially caught in this web of relationships, torn between Bobbi and his real father, who is viewed by the family as selfish and irresponsible, and between Carol and Bobbi who vie for the role of mother.

Wayne and Carol have been married for 28 years. They separated once when Bobbi was two years old, Wayne seemingly caught in an intense loyalty conflict between his wife and his mother, with whom they lived. After a year's separation, they reconciled and moved into a house of their own. The relationship between Carol and her daughter is especially strained. Mrs. Gardner appears the most eager to take the children away from Bobbi and relegate her to the position of an isolated "aunt," living in an apartment away from the home. She seems to competitively resent Bobbi's returns to the home and her, admittedly insensitive, efforts to control Davie. Wayne cooperates with his wife but expresses more concern for Bobbi's welfare as well as the grandchildren's.

Bobbi is obviously unprepared for motherhood at present. Although 27 years old, she sounds more like a 14-year-old. She admits that she was not able to cope with the children and wanted her parents to adopt them but still feels ties to both parents and children, and is reluctant to cooperate with her expulsion from the family.

The Gardners were referred for treatment because of Davie's destructive rages in school. Although quiet, concerned and obedient at home, Davie fights with peers and disrupts his classes. The family was seen on a weekly basis for a year. Bobbi's husband and Wayne Jr. attended only a few sessions. After one year of therapy, Mrs. Gardner decided to terminate, with "the rest of the family ambivalently concurring." Davie expressed "deep disappointment." Material used in this study is taken from a family evaluation session at the start of treatment.

The Robbinses

Sam Robbins is 45 years old and has worked as a drug store clerk for most of his adult life. His wife, Harriet, is 39 and a homemaker. Their children are Emily, age 19, and Andy, age 8-1/2.

The family displays a history of serious disorganization. Both parents have suffered "nervous breakdowns" and been hospitalized, Mr. Robbins 14 years ago for several months and Mrs. Robbins for three weeks around the birth of their son eight years ago. Emily was hospitalized briefly at EPPI several months before the parents sought family treatment. They did so when referred by the Outpatient Department where they had brought their son for evaluation in connection with "emotional difficulties" and unsatisfactory adjustment in school. Emily was hospitalized again for several weeks soon after family treatment began.

Mr. Robbins is extremely inadequate as a husband and father. His

wife and daughter constantly belittle and insult him. He has a long history of psychosomatic complaints and is obsessed with his own (and his son's) health. He is extremely anxious and generally fearful of any kind of physical exertion. Mrs. Robbins, partly in consequence, is primarily responsible for the family; she complains that her husband had her lifting heavy furniture when she was eight months pregnant. She is both resentful and contemptuous of her husband, complaining that he is not a "man" and never treats her like a woman.

Emily, while expressing contempt for her parents and asserting her independence from them, in actuality, rarely leaves the home. Although 19 years old, she has the high-pitched whiney voice of a small child. She is ashamed of a serious acne condition and refuses to look for a job, waiting instead for a man to come along and marry her. Andy is an extremely anxious boy who has difficulty in school, cannot relate to peers or adults and has a history of asthma and enuresis.

The Robbinses were seen weekly in family therapy for four months. After that time, a struggle developed between parents and therapists over treatment for Emily. The parents insisted on full hospitalization while the therapists felt partial day care was preferable. When Mr. and Mrs. Robbins refused to accept this plan, Emily was discharged and the family referred elsewhere for treatment. Material presented here is taken from a family evaluation session at the start of treatment.

The Harrises

Patricia Harris is 29 years old, a homemaker. Her husband, Bob,

is 37. He has held a number of different jobs, most recently working as a roofer and machinist. They have one child, Brian, who is 7-1/2 years old. Bob and Pat have been married for 11 years. It is Bob's second marriage. They separated briefly five years ago.

Bob is described in case records as passive and dependent. He is quiet and, if he disagrees with Pat, generally does a "slow burn," occasionally exploding as when he put his fist through a wall. Pat feels that Bob takes no responsibility "as a man, father or husband." She appears "sad and dejected," but on one occasion "pulled a gun" on Bob after she felt he was paying too much attention to a girl at a party. Neither feels they can communicate with the other. Brian, who attended only a few sessions, is seen as quiet but disruptive and attention-seeking when tension mounts between his parents.

The Harrises sought treatment for their marital problems. They attended marital therapy, with occasional meetings with Brian, on a weekly basis for six months. At that time, they missed several sessions due to a physical illness and then opted not to return to treatment. Material used here is taken from a therapy session about midway through the course of treatment, with all three family members attending.

Figure 2
The Families

The Steins

Norman, 38
Mildred, 45

Eva, 12
Michael, 7

The Lewises

Ed, 37
Diane, 35

Larry, 12
Steve, 10
Dale, 5

The Robbinses

Sam, 45
Harriet, 39

Emily, 19
Andy, 8-1/2

The Rosenbergs

Mr. Rosenberg, late forties⁸
Mrs. Rosenberg, late forties⁸

Abe, 16
Irving, 13
Ben, 12

The Gardners

Wayne, 50
Carol, 45

Bobbi, 27
Wayne, Jr., 18

Davie, 8
Linda Sue, 3-1/2

The Harrises

Bob, 37
Pat, 29

Brian, 7-1/2

⁸Henry provides neither first names nor exact ages for the parents in this family.

CHAPTER 4

Pre-conditions

By definition, the relational imbalance characterized by parentification of a child involves, in some form, a failure of parenting. This failure includes what Minuchin et al. (1967) have described as the "executive functions" of the parents, but goes beyond this to include what Sullivan might have described as a failure of "tenderness." This refers to the parent's inability to respond to the child as a separate, autonomous person with his/her own needs. Both processes constitute a failure of "responsibility" as the term is used by Buber (1965) who stresses in "response-ability" the ability to respond to the other. We will want to examine both of these factors, as well as their possible origins, in order to understand the obstacles to reciprocity which are both pre-conditions and outstanding characteristics of parentification. We begin by considering possible sources of this parental failure and proceed to examine its expression in greater detail.

The major source of this failure of parenting in the families examined here can be traced to developmental deficits in the parents' own lives, deriving from experiences in their own families of origin. This assertion, while far from revolutionary, is well-illustrated even with the scant intergenerational data available for these families and lends credence to Nagy's intergenerational perspective on the origins of such failures.

Speaking specifically of parentification, he states:

A more specific gratification inherent in parentification consists of the parents' utilizing the child as a possession for the purpose of unconscious undoing of early object deprivation experiences of their own (p. 379).

More generally, an emphasis on the multigenerational context of justice in family systems represents an essential facet of Nagy's theory.

Since the reciprocity of parent-child justice is based on a minimally three-generational context, what remained unbalanced in one generation is expected to be balanced in the next (p. 86).

Within this context, an important concept is that of the "revolving slate," which describes the process whereby

. . .the unsettled account that stands between a person and the original "culprit" can revolve and get between him and any third person. An innocent third person may be used (scapegoated) as a means for balancing the account. . . . each person is programmed to seek a fair balance of give-and-take between himself and the world. . . . The extent of his sensed imbalance of justice determines the degree to which he will exploit all later relationships (p. 66).⁹

It is precisely this sense of deprivation and injustice which pervades the experience and the behavior of most of the parents in our sample in relation to their own parents and families of origin.

⁹This concept may remind the reader of the psychodynamic notion of displacement. While they are related, there are two significant differences. The revolving slate describes a facet of relational systems while displacement denotes an individual defense mechanism. And while displacement suggests what may happen to one person's feelings or experience, the revolving slate traces accounts of justice between persons, accounts which transcend both their separate experiences.

Relatively speaking, the most detailed intergenerational data we have concern the Lewis family. In an initial evaluation for therapy, the therapist describes Mrs. Lewis at age 35.

She expresses a combination of anger and yearning when she talks about her relationship with her parents. Her father. . . according to Diane is self-centered and unable to focus on her needs. . . . She views him as giving little to her or to her mother emotionally. Diane's mother is depressed and isolated. Diane sees her mother as treated badly by her father but feels helpless to do anything about it. . . . Diane's mother responds to Diane's problems by saying, "I wish I could help you but I can't." Thus, Diane has been the burdened one in her own family of origin. She stated in one session, "I help my mother a great deal instead of her helping me. She leans on me so I cannot go to her."

This excerpt is noteworthy not only for the sense of deprivation conveyed but for its depiction of Mrs. Lewis' parentification in her own family of origin.

The same note describes Mr. Lewis, whose father died eight years earlier and whose mother lives alone. Mr. Lewis says he

. . . does not see her often. When he calls her on the phone he becomes aware that she is not listening to him and will point this out to her. He says that he does not care, but it is apparent by his increased speech, facial tic and anxious, restless movements that he cares very much.

An early progress note details the following observations. "Both Mr. and Mrs. Lewis have talked at length about their intense, unfulfilled yearning for their own parents' acceptance, approving and caring."

The couple's feelings of angry deprivation are acted out in an incident in which they need financial help for one son's bar mitzvah. They

make casual mention of the bar mitzvah to Mrs. Lewis' parents, this being in their own minds a request for help.

. . . both Diane and Ed expressed feelings of rage because her parents "would not" help out. . . . They did not ask directly for help and yet, came away feeling hurt, rejected and angry.

The termination note records Mr. Lewis' gradual awareness "of his long-term competitiveness with his sister for his mother's affection," and, in his discussion of his relationship with his father as a child, "of his helpless feelings when his father demeaned him." This final case note also describes the expression of Mrs. Lewis' resentment and deprivation with her own parents.

Diane's struggles with her parents have been the focus of much of her treatment. She is an only child and has been unable to see herself as an adult woman with her own family. With her parents, she is still the resentful, begrudging, angry little girl. Diane's interactions with her parents have the tantrum-like quality of a child who wants her way and will prevail no matter what.

In the Stein family, Mr. Stein's sense of injustice in his own family of origin is expressed in one session.

MR. S: I was always the insignificant one. I was the one that was literally screwed out of thousands of dollars. With my own family. . . . I was the one that was cut out as far as certain educational opportunities. I. . . told them all to go to hell. . . . My brother and my mother [cut me out]. My mother used whatever influence she had on me to sign over certain properties to my brother.

We are also told that Mr. Stein "has come from a broken home and does not want to have the same thing occur with his own children as happened

with him."

Mrs. Stein may represent an exception to this pattern or at least a more ambiguous picture. Her father died one year before the family entered therapy. She describes a lack of demonstrated affection between her father and herself but also states that she, the youngest child, was his favorite. Her father "used to tell me stories to put me to sleep." Significantly, the only area in which we sense real love in Mrs. Stein in her current family is in her description of singing her son, Michael, his "goodnight song." It is also noteworthy that Michael's excessive demands at bedtime constitute the original reason for this family seeking treatment.

We know even less concerning Mrs. Stein's relationship with her mother, now 80 and living with a sister whose "rivalry" with Mrs. Stein "goes back to the earliest years." Mrs. Stein is not close to any of her siblings. Her mother attended one session with the family. We are told that Mrs. Stein, far from her usual nagging self, was "like a docile child, eager not to displease her mother." However, in another session, Mrs. Stein reports that she and her mother "don't get along" about a lot of things and Eva volunteers that they "fight like cats and dogs." Thus, in Mrs. Stein's case, the data are too fragmented and contradictory to yield any conclusive picture.

The sense of exploitation and injustice is obvious in Jules Henry's one comment on Mrs. Rosenberg's family of origin.

Mrs. Rosenberg is one of five survivors out of eleven children. Though she resented her father, who preferred her sisters, Mrs. Rosenberg, always considered the "mean one" in the family, took care of him in his old age. [In addi-

tion, one sister] continued to live with the Rosenbergs until she herself got married. . . . She complained that her father would not let her sleep in the same bed with her husband "because it wasn't orthodox. . . . And there I was, married," she said, "and had nobody to sleep with" (p. 122).

Of Mr. Rosenberg's family we know even less. However, Henry includes an incident from Mr. Rosenberg's childhood which has a curiously similar feeling.

One day in the cheder [Hebrew school] he says, some rich kids tore some pages out of the Torah and blamed him, and since he is of a poor family, the melamed, or teacher, who also happened to be his mother's brother, beat him bloody, and his mother beat him too, even though he denied having had anything to do with the mutilated Torah. After his beatings he never went back to the cheder (p. 125).

Finally, in the Gardner family, we learn that Mrs. Gardner's

relationship to her step-father was painful and she felt criticized. . . . She was held strictly accountable for the other children, even being punished when they did not behave properly,

providing another instance of a parent in something like a parentified position in his/her own original family.

These descriptions of parents' relationships in their own families of origin are sketchy yet fairly consonant. They suggest a relationship between the parents' sense of deprivation and exploitation-- a sense of having been somehow "short-changed"--in their families of origin and their subsequent difficulties in parenting their own children. A variety of more specific mechanisms of connection between these two sets of phenomena might be asserted but not supported with

the limited data available here. In any case, we can safely assume that early deprivation in their own families of origin constitutes one major obstacle for these parents in both the development of skills and the exercise of reciprocity and sacrifice required for parenting.

However, this does not constitute the only source of such obstacles. It seems likely (although not applicable to the families studied here) that another important source may lie in what we might refer to as the "facticity" of relational systems. The term is borrowed from existential philosophy and suggests that family systems, like their individual members, are subject to vagaries of existence which have serious implications for their structure and perhaps even their survival. The loss of a parent through death, desertion or divorce, the birth of a mentally retarded child, the loss of a child at birth--all may create "legacies" which affect individual members as well as future generations of the family. Minuchin et al. (1967), in their study of ghetto families, emphasize the relationship between the frequent absence of a father or stable father-figure, the mother's sense of powerlessness and her dependence on a "parental child," usually an older sibling. Families with a large number of children may similarly overburden the parental system. Nagy has even suggested that parentification may be related to an "over-loading" inherent in the nuclear family itself (p. 162).

In summary, a variety of factors--including early deprivation and exploitation in the parents' own lives, stemming from experiences in their original families, as well as various aspects of the facticity of family life, such as the loss of one parent or a large number of

children, can be seen as contributing to the failure of parenting which is a major pre-condition for parentification. We can now examine this component of parentification in greater detail. To do so, we consider both the outward forms it may take and the essential parental responsibilities which may be relinquished.

The most obvious manifestation of this failure of parenting is constituted by the parents' neediness, dependency and extreme immaturity. An opening note on the Lewis family describes the parents as follows.

Mr. and Mrs. Lewis both present themselves as extremely needy, dependent people. Mrs. Lewis is depressed and on the verge of tears quite frequently as she talks. Both the Lewises cried when they spoke of their desire to lean on the other only to find that the other one wants to lean on them.

We have already noted a case description of Mr. Stein in which he is portrayed as "very dependent on his wife and. . .in rivalry with the children for his wife's attention and affection. . . ."

The absence of a clearly felt distinction between adult and child is a hallmark of this immaturity on the parent's part. Again, the Lewis family is described.

The whole family speaks at once for themselves and for each other with little controls or internal rules; each appeared to vie for the therapist's attention and it is difficult at times to differentiate between parent and child.

Case notes on the Robbins family observe:

. . .it became quite clear that the problems of the Robbins children were really a reflection of the extreme immaturity of their parents. . . . [The father] handled his family role very poorly by passively encouraging his wife and children to treat him more like a child than as the head of the family.

A progress note on the Stein family refers to

. . .the collusiveness of the parents to remain children and not to accept the responsibility of parenthood. Consequently, the children do not get treated as children.

In one session, Mr. Stein engages Eva in a lengthy debate, trying to get her to admit that her quarrels with her brother are just as foolish and petty as those between himself and his wife. Eva insists they are not. And although Eva's depiction of the maturity and fairness of their sibling quarrels strains credulity, what is significant is that this 39-year-old man is reduced to trying (and failing) to get his 12-year-old daughter to admit that she and her eight-year-old brother are as immature as their parents. Mr. Stein himself, in an earlier session, summarizes the state of affairs when, in response to his wife's declaration that he has for once acted his age, he seems to agree. He says, as if quoting, "So many of us grow old; so few of us grow up."

The most dramatic demonstration of this confusion of adult and child roles takes place when Eva, in tears, describes her anger and pain in response to a fight earlier in the week with her father.

EVA: I'm crying because all my life, my parents have rejected me as a person. They say, "Have feelings. . . ." [Mrs. Stein interrupts here but is silenced by a therapist so Eva can finish.]
". . .but don't express them. You're not a person. You have no

rights." . . . And I tell you and you smile and smile and I start to cry. . . . And I have no rights, as a person, or individual, as a child because a child has no rights. "They don't know any better. . . ." And I asked my father fifteen minutes after the screaming and yelling, what makes him an adult.

MR S: (softly) And he couldn't answer it.

EVA: That's right. You couldn't. [There is silence except for Eva's crying. Therapist 1 asks Eva what her place is in the family] I don't even know what an adult or a child is, so I can't very well know my place. I, in effect, also asked my father that, you know, what's an adult? What are you? And he couldn't answer. I don't know.

Another common aspect of this parental failure is an obvious abdication of responsibility by one or both parents, often either implicitly or explicitly attributed to the intractability of the other. In one session, Mr. Stein says that, in the past,

I expressed my opinions. I was willing to fight for what I thought was right. I tried to convey my ideas to her [Mrs. Stein]. I've matured enough to know there's not a damn thing I can do. I accept the inevitable.

In another session, discussing Eva's intervention in his parenting Michael and his subsequent rage, he says, "I think if Mildred had been there, I would have said to hell with the whole goddam thing and walked away." In the referral letter dating from five years before the family sought therapy, a therapist describes Mr. Stein asserting that Mrs. Stein "will not allow him to resist her. . . ." He adds,

My general impression of the husband is that he is a rather passive, dependent character who is willing to go along with his wife although there is a tremendous amount of protest.

This perception is consistently verified by interactions in the family therapy sessions.

When Eva, approaching puberty, expresses strong discomfort with the kind of physical affection she receives from her father, her mother consistently obstructs any discussion of the subject. Mr. Stein makes some weak attempts to support Eva's concern, but to no effect. At the next session, he reports, in typical fashion:

We've tried to discuss Eva, Mildred and I, and the whole family, several times, and it got no place. Mildred completely dismissed it and if I had pushed it any further, it would become a violent. . . thing, and I dropped it. I didn't think any purpose would be served by the violence.

In the Rosenberg family, Mr. Rosenberg says

that he never really gets angry and that his wife never really gets angry at him because he is not the type that fights back (p. 127).

He reports that

his wife is very violent. She beats the boys with her fist or with a strap when she gets very angry, and she used to beat Abe, who hates her,

adding that "He [Mr. Rosenberg] can handle her. . . . He protects the children from her rages" (p. 126). Henry remarks on Mr. Rosenberg's general passivity and lack of involvement in the home and on the contradictions inherent in these statements. (How well can he protect the boys if Mrs. Rosenberg can beat them with fist and strap.) In doing so, Henry makes clear to what extent Mr. Rosenberg has abdicated responsibility for protecting and parenting the boys.

One constellation of parental responsibilities which may be relinquished by parents has been referred to by Minuchin et al. (1967)

as the "executive function." Discussing families without fathers, they state:

The mothers seemed to see themselves as powerless, helpless, and overwhelmed by the children's demands. Usually the mother would finish by demanding protection and pity She would express her impotence. . . . When a child asked for parental guidance, the mother would respond with a counter-demand for the child's autonomy. . . .

Our conception of the parental response and the relinquishment of the executive role was that it pushed the child to look to his siblings in search of guidance, control and direction as to how to cope with the familial and the outside world. The "parental children" to whom authority was allocated by the parents and/or the siblings became the source of reference for executive guidance and control (p. 11).

This is no less applicable to two-parent families. The parents' abandonment of responsibility for guiding the child in coping "with the familial and outside world" is a hallmark of parentification.

In one session, the Stein family discuss an incident in which Eva felt that Michael wanted to eat an overly large piece of cake. Mr. Stein allowed him to do so in order to teach him a lesson, even though Eva felt it might make him sick. (While this clearly reflects Eva's over-protectiveness towards Michael, significantly Mr. Stein never rejects this as a real possibility.) Eva intervened to point this out, prompting an angry tirade from her father.

EVA: I just couldn't stand there and see Michael get physically ill to teach him something. It's like putting a child's hand in the flame to teach him that it hurts. . . . I couldn't stand it when. . . I could do something about it. . . .

MRS S: Can't you give Mikey credit for having a little bit of sense . . . ?

What is fascinating in this brief interaction and its context is that nobody questions the implication of both Eva's and her mother's remarks. Eva should give Michael credit for having a little bit of sense, but not Mr. Stein. This interchange, uncontested by the family, the other group members or the therapists, presumes a father who either does not know or care to protect his child. The only question is whether Eva or Michael can best monitor Michael's behavior; never whether Mr. Stein can.

When Eva brings up her recent discomfort with her father's physical affection toward her, both parents' inability to deal with the issue of her change from child to woman, their failure to offer any kind of help or solution to her, is painfully clear. Therapist 1 brings up the inevitable feeling of loss and asks Mr. Stein if it pleases him to hear what Eva is saying.

MR S: Yes and no. It pleases me that she recognizes the affection and yet it doesn't because at this time I'm ill-equipped. I don't know how to cope with it. I don't know how to handle it.

This is repeated consistently. In the next session, after Mr. Stein describes the intervening week in terms of his relationship with Eva, Mr. Kerr (father of the other family in the group) comments that he seems uncomfortable.

MR S: I am uncomfortable. I don't feel secure. I don't know which way to cope with the problem of. . .

MR K: How do you think that makes Eva feel, when you don't feel secure?

MR S: Probably equally insecure. [Silence]

Later in the session, a similar exchange takes place.

MR K: Norman, have you related to Eva any differently this week from the past?

MR S: I don't think so. I don't know.

MR K: My God, if you don't know, how's she supposed to know!

We can recognize the unfairness of Mr. Kerr's implied blame of Mr. Stein for not having a solution, but what remains significant is that this is, in fact, what Eva experiences.

Nor is Mrs. Stein of any greater help to Eva. When Therapist 1 finally rephrases the issue in terms of Eva's growing awareness of sexual feelings and asks the parents where this leads them, the response is a long silence. Therapist 1 asks if they have heard him.

MRS S: Yes I did. I don't know how to answer you. [Silence] Is there an answer to it?

T1: Do you have any discussion on it, the family?

Mrs. Stein responds by denying the problem exists and simultaneously suggesting that Eva will "get over" these sexual feelings! Therapist 2, allowing this for the moment, asks what happens in between.

MRS S: (softly, unsure of herself) I don't know. It's just something she'll have to understand herself and realize, deal with.

Finally, Eva asks to speak and suggests that her father will have to find a new way to relate to her.

The lengths to which these parents may go to avoid responsible action in relation to their children is dramatically, if glibly, suggested in the following interchange. Mrs. Keer, trying to provoke Mrs. Stein into dealing with the question of Eva's sexuality, asks how she would feel if Eva became a prostitute. She responds, "I'd

have to accept it, wouldn't I?" One of the therapists sums up the impact of this executive failure on Eva by saying,

It all goes around and around and around; and nothing, none of Eva's feelings are resolved at all.

The situation is similar in the Lewis family where the parents' undependability is dramatized in an opening note which details that "Mr. and Mrs. Lewis threatened to leave each other, commit suicide, and other similar angry threats very frequently." In a session with this family, one therapist observes,

[It's] like there's four of you arguing about who's going to do the dishes, instead of two parents making decisions about how the family's going to run.

Finally, this type of situation is well summarized in the case records for the Robbins family.

. . .it is obvious that part of the difficulty stems from the fact that both parents are so pre-occupied with their own unsatisfied needs, that they lack the drive and the energy to be effective as parents. Both Mr. and Mrs. Robbins unconsciously hope their children will find their own way to cope with their problems or that some outside agency or person will give them the direction which they need.

We have already asserted that, while important, this failure of the parental executive function is not sufficient for an analysis of parentification. In order for the parent's reliance on the child to proceed to such an extent that the relationship becomes essentially unilateral, the parents must be also unable to respond to the child's real needs. The child is seen, then, not as a whole, separate experi-

encing center but as an object of the parent's experience. The parent needs the child to fulfill a certain role. Any expression of the child--autonomy, affection, neediness, hostility--which contradicts this role is experienced as a threat to the parent. As Slipp (1973) states,

. . .the parents in our study seemed unable to be sensitive and respond appropriately to the needs of their children as independent persons. The child was seen in terms of the parents' intrapsychic needs, thereby not validating his own feelings and thoughts (p. 383).

This parental insensitivity often strikes the observer as a baffling derailment of what would seem a natural impulse. In the sense in which Sullivan used the term, it resembles a failure of "tenderness." In this, the situation of the parentified child is no different from that of the scapegoated or infantilized child, since this parental insensitivity is both pre-condition and hallmark of all forms of exploitation or relational imbalance.

Our first exposure to the Stein family is instructive in this regard. Ostensibly a casual conversation, a sort of break in the long therapy group, the brief interaction between Eva and her mother is a revealing one. Mrs. Stein is describing a teacher of Michael's who had not planned a Halloween party for her class. She goes on to describe how after "four mothers failed" Mrs. Stein talked her into having the party. Her recital emphasizes her clever strategy (essentially, shame-induction by asking, "How could you relax with 30 mothers discussing you that evening?"), her own noble sacrifice ("Smart woman. She had an appointment at the hairdresser. I didn't mind. Cost me 3

or 4 dollars."), and through it all, her determined and effective intervention on her child's behalf. Michael tries to talk up but his mother talks over and for him. Eva tries to say something, fails, and tries again.

EVA: Mom, I have a teacher like that.

MRS S: (clearly unhappy at this interruption) Which one? The home-room teacher?

EVA: No, gym. She doesn't listen to me.

MRS S: (rushing in, overlapping) Oh, and I didn't say anything.

EVA: She's a helper but. . .

MRS S: (again, interrupting) The gym teacher's assistant. Tell them what she said to you, Eva.

EVA: (hesitates, then tells dutifully) "Get away from me."

MRS S: Tell them the other part.

EVA: She said. . .

MRS S: (interrupting) She said, "Don't breathe down my back. Your breath stinks." A teacher saying that to a pupil. Isn't it lovely!. . . Now I was furious. But you can't go in [to school] for every little thing.

Eva's contribution to the discussion is instantly experienced by her mother as a refutation to her presentation of self as assertive defender of her children's rights. She seems incapable of responding in any less self-centered way. She rushes to change the subject--incidentally, to one which must be embarrassing to Eva--and regains control of the interaction by relegating Eva to the position of a sort of ventriloquist's dummy, who is not even permitted to finish her lines! Mrs. Stein then attempts to recoup by expressing her anger and the rationale for her inaction.

At a point much later in the therapy, Eva is crying and expressing her hurt in response to her father's rage at her for intervening when he allowed Michael to eat the cake. Therapist 2 comments.

Right now, I see real pain in Eva, but I see absolutely none in Mr. and Mrs. Stein. They just sit there. . .

MRS S: (interrupts loudly) I feel it, dear.

T2: You don't show it.

MRS S: (self-satisfied tone) I feel it very deeply.

T2: You don't show it either, Mr. Stein. You just sit there and you both can laugh and look at each other, and almost form some kind of unit in here. . .

MRS S: (interrupts) No, I was just trying to explain to her about this morning.

T2: But you had a way of really denying the pain that Eva was feeling.

Later in this session, Mrs. Stein's real bewilderment over how to even try to respond to and comfort Eva is made clear.

T1: My comment was that you don't respond to Eva.

MRS S: (in a huff) I think I do. I always said that everyone had a right to an opinion and had a right to voice it. What else can I say?

MRS K: No one's asking you that.

MRS S: Well, what can my response be? Besides feeling inside for her, what else can I say?

MRS K: Maybe you could feel outside for her too. Not keep it all in. She doesn't know how you feel.

MRS S: What can I do to make her feel better? (an "I dare you" tone) What would you do?

MRS K: The question isn't to me. It's to you.

MRS S: What can be done actually? . . . I think I responded.

MRS K: Maybe you're responding by not responding. By not being able to. You sound like you're warding off evil spirits.

Mrs. Kerr's image of "warding off evil spirits" captures the defensive quality of this absence of empathy.

Eva observes this absence of consideration for the other in her father's treatment of Michael.

EVA: I noticed that when he asks Michael to do something, that Michael himself is completely ignored and that his pride isn't considered at all. And he has to do it for the sole purpose of pleasing his father, not because he wants to do it for self-achievement or self-satisfaction, but because he [father] says so.

In subsequent sections, we will return to this parental inability to respond to the child's needs since it is an important characteristic of parentification "in action." At this point, what needs to be emphasized is not only the objective or consensually validated existence of these areas of parental failure but their visibility and impact on the child. Whether s/he responds with fear, concern, resentment or initiative, the child knows that s/he is "on his/her own." S/he realizes that s/he cannot depend on the parent for the guidance, protection and sensitivity s/he needs and should expect.

The preceding discussion calls for a brief consideration of the issues of parental blame. The parents in this study have been presented in a fairly critical light in terms of their actions toward their children, and this critical examination will continue in the following chapters. But we cannot be satisfied with an analysis which blames one party for a relational configuration. The task for the theorist as well as the therapist is to adopt a stance which holds all members accountable for their actions while simultaneously seeking their exculpation. This task is facilitated by a multigenerational perspective on the family. For while in any given interaction a parent may be accurately observed as victimizer and a child as victim, from a multigenerational standpoint, we can more easily see the parent's victimization in his/her own family of origin and can predict that many of these children will be forced to victimize their own children in turn. Family members may contribute to a relational imbalance by their actions but they are entrapped by the legacies of injustice which they inherit. We need to keep in mind that, despite the unde-

niable injustice of their actions, these parents have been as much the victims of imbalanced systems in the past as are their children in the present.

A second element in the constellation of pre-conditions for parentification involves, experientially, the parents' marital disappointment or dissatisfaction and, transactionally, marital conflict or distance. But marital conflict or dissatisfaction alone need not seriously harm children if the parents can contain conflict in such a way as to provide a buffer for the children. Their conflict becomes increasingly harmful, as will be illustrated below, when these buffers are violated or where no such buffers exist.

These marital problems have several important implications for the parentified child. To the extent that the parents' individual needs--for concern, affection, support, guidance, nurturance, even sexuality--remain unsatisfied in the marriage, they are more likely to be displaced onto the child. Slipp makes this connection fairly explicitly.

There was a demand that the spouse behave, feel and think according to an introjected image, instead of viewing the other as a separately motivated individual. . . . When their needs were not met, they felt rejected, worthless, enraged and they perceived the other as depriving, controlling or, in general, bad. . . . There were several mechanisms used to diminish the strength of these destructive feelings. One was a substitution of a family member to fill the lack of a stable, internalized good introject (such as the good mother). This was accomplished by projection and identification with the member and served to compensate for past or present deprivation, to

counter destructive feelings, and to re-establish internal system balance (p. 385).

In addition to ministering to one or both parents individually, the child may be impressed into the effort--in fact, may become the sole bearer of the effort--to minister to the conflict-ridden marital relationship itself.

Evidence of marital dissatisfaction is abundant for every family examined in this study. Although originally referred to therapy with Michael as the identified patient, both Mr. and Mrs. Stein describe marital problems as their chief complaints when applying for treatment. Mr. Stein indicates that he "cannot communicate with wife. Has stopped affectionate relationships years ago." Mrs. Stein notes "lack of communication with husband." Case records inform us that the couple, in fact, tried marital counseling for six months four years earlier. At that time, Mr. Stein is noted to have said that he would not stick with the marriage if not for the children. Mrs. Stein remarks in one session, "I've been nagged to death for six or seven years and I'm getting revenge for it." There are barely a handful of instances of Mr. and Mrs. Stein agreeing on anything or demonstrating any sensitivity, concern or understanding for each other on the tapes. The overwhelming bulk of their interaction is competitive, accusatory and demeaning.

In the Rosenberg family, Mrs. Rosenberg explains to Dr. Henry that, because of poverty, she was not able to attend college like her girlfriends. And so while her friends married rabbis, "I had no luck," she says of her own husband. Elsewhere, Henry notes:

It is easy for Mrs. Rosenberg to speak well of Ben--she is fond of him--but of her husband she tries to speak loyally, though she regrets him. . .when she talks about her husband she tries to praise him, but she is trapped into blame by the resentment bred of the emptiness of her life with him. Still, even with her shreds of loyalty, she has more of it than he (p. 181).

Mr. Rosenberg's lack of loyalty is demonstrated by his telling Henry,

. . .an outsider, that he holds her responsible for what happened to the children and that Irving had at one time written some insulting things about her on the wall, for which he does not blame him. Thus, Mr. Rosenberg, while usually hostile to Irving, is--without knowing it--in cahoots with him against the mother (p. 127).

Henry's observations of the marriage in the home are as follows.

Mr. and Mrs. Rosenberg never touched each other in my presence; never even sat next to each other in the living room during the week I was there (p. 128).

Observing the parents' daily lives at home, I found that nearly all of their time was devoted to getting things done. . . . No words of warmth, no smile, no expression of appreciation or consideration passed between husband and wife. An act of solicitude was rare. On the other hand, husband and wife never fought and there was no sign of disagreement--nor of argument, either. Between Mr. and Mrs. Rosenberg there was rarely any conversation (p. 128-129).

The disappointment of partner's needs in the marital relationship is well expressed in the therapist's observation of Mr. and Mrs. Lewis, already cited. "Both of the Lewises cried when they spoke of their desire to lean on the other only to find that the other one wants to lean on them."

There is also ample evidence for the absence of any buffer between the marital conflict and the children. If anything, precisely

the opposite seems to be the case. The children are consistently dragged into the center of the marital arena--as ally, ransom, shield or mere diversion. An early progress note on the Steins details,

The most recurring theme was how hopeless the parents' marriage is. This theme had a destructive element as they continually voice their discontent to see how their children would react.

The termination note reports,

In the course of treatment, we have tried to work on improving the marriage but this was extremely difficult because the Steins were determined to bring their children into the picture constantly.

In the evaluation written four years before the family's contact with EPPI, the psychiatrist noted how Mrs. Stein protected herself by moving from the question of marital problems to the subject of Eva.

As far as their sexual life is concerned, she says that the children were planned, that they have a fairly adequate sex life although he is more adventurous than she. She quickly left the area of sexuality and went on to indicate that with her eight-year-old daughter she tries to live vicariously. . . .

One way in which the Stein children are brought into the marital arena involves Mrs. Stein's compulsive mothering as a sort of diversion from marital issues, as the following incidents detail.

Mr. Stein confronts Mrs. Stein with Eva's comment that when there is quiet in the home it is just an act. Mrs. Stein chastizes Michael.

Therapist 1 asks the group if there is any value in discussing Eva's expression of discomfort with her father's affection. Mr. Stein, somewhat unsurely, says yes. Mrs. Stein quietly chastizes one of the Kerr's children and then asks, "What has value?"

The issue of marital sex has come up. Mr. Stein asks his wife why she's embarrassed that she stimulated him. She replies, "Not the way you felt embarrassed me, the way you were acting," then turns suddenly to the children and chastizes them.

There are numerous examples of this automatic turn to "mothering" the children at moments when Mrs. Stein is confronted with threatening marital or familial issues. On none of these occasions are the children themselves audible on the tapes before Mrs. Stein reacts to them (although it is possible that they are creating visual disruptions). Furthermore, with the exception of one deafening episode in which the kids are screaming in the corridors, no other member of the group feels called upon to oversee them in this way.

Eva herself is never included in these fits of discipline. She is, in fact, often delegated by her mother to oversee the younger children. She is, however, brought into the marital fray more directly, as an ally for Mrs. Stein, on at least two occasions. In one session, Mr. Stein asserts that his wife has recently asked the children to be quiet for him which she had not done in the past. Mrs. Stein replies, "Oh yes I have. Haven't I, Eva? You haven't wanted to hear it." In another session, Eva steps in herself and is called upon by her mother to do so. Mr. Stein claims that Mrs. Stein constantly capitulates to the whims of the kids.

MRS S: I don't believe that I do.

MR S: Oh, Mildred.

EVA: She doesn't.

MRS S: Do I, Eva?

EVA: (softly) No.

MRS S: See?

MR S: (angry resignation) Fine!

The obligation to serve as ally to one if not both parents represents only one of the ways in which the frustrated needs of the marital partners may be displaced onto the parentified child. Other areas in which this displacement can occur will be discussed later when we examine patterns of parentification. In that chapter, we will also expand on the parentified child's responsibility to bridge, if not heal, the marital rift as well. For now, it is sufficient merely to point out these repercussions of marital conflict in order to justify the inclusion of these conflicts as pre-conditions for parentification.

Up to now this discussion of pre-conditions for parentification has focused on the parents, emphasizing a constellation of elements which involve a failure of parenting and a related marital failure. We shift now to the child him/herself in order to examine a complementary set of elements which interlock with those already described to create the relational structure of parentification. These elements include the child's capacity for concern and his/her readiness for responsibility. Together, they comprise the child's "capacity for meaningful contribution" (Nagy, p. 89).

The capacity for concern has already been alluded to in an earlier discussion and will be documented with excerpts from the data in Chapter 6. For now we wish merely to remind the reader of the importance of this factor. Searles (1975), discussing the origins of the "symbiotic therapist" role, suggests a formula which takes this factor directly into consideration.

Typically, the more ill the adult patient, the more powerful have been the parent(s) transferences (largely unconscious, of course) to him as being the latter's parent(s). Therefore, whenever the child showed any therapeutic concern for the parent the latter reacted to the child as though the child were the parent's parent (p. 132).

The applicability of this formulation for the concept of parentification should be obvious.

Beyond a capacity for concern, the child exhibits a readiness for some kind of task or responsibility, a readiness which constitutes the basis for any meaningful contribution to family members or to the family as a whole. Parentification can be said to exist when this availability is exploited with little or not real reciprocity and when it interferes with the child's normal course of development. It will be useful, in this context, to refer to some of Erikson's statements regarding developmental changes in the child. While his language often emphasizes psychosexual and social--that is, extra-familial--processes, his discussion of those components of growing personality which take precedence during the various stages of childhood lend themselves to an analysis of the child's receptivity to parentification.¹⁰

¹⁰The reader may note that the question of the age of the child at which parentification can be said to begin has, so far, been ignored. This question will be addressed in greater detail in Chapter 8 where the concepts of the parentified child and the "symbiotic therapist" are contrasted. In general, we assume that although early forms of loyalty and concern may begin much earlier, the configuration of parentification is not likely to occur before the child is three or four years old. Accordingly, we are most interested here in the stages Erikson refers to as "initiative" and "industry," covering roughly from three years of age to early adolescence.

In a monograph entitled, Identity and the Life Cycle (1959) he states:

. . .while all children need their hours and days of make-believe in games, they all, sooner or later, become dissatisfied and disgruntled without a sense of being useful. . . . Without this, the best entertained child soon acts exploited. It is as if he knows and his society knows that. . .he is psychologically already a rudimentary parent. . . (p. 86).

While Erikson's conceptualization of this stage emphasizes the child's ability to produce, to use tools, we feel that this productive capacity is complementary with, and not antithetical to, a more interpersonally-oriented usefulness. Erikson asserts that during the stage of initiative, conscience, "that dependence on himself which makes him . . .dependable" (p. 86), is established, and adds that,

Where the child. . .can gradually develop a sense of responsibility, where he can gain some simple feeling for the institutions, functions and roles which will permit him to anticipate his responsible participation as an adult, he will soon find pleasureable accomplishment in wielding miniature tools and weapons, in manipulating meaningful toys, and in taking care of himself--and of younger children [and, we might add, of parents].

For such is the wisdom of the ground plan that at no time is the individual more ready to learn quickly and avidly, to become big in the sense of sharing obligation, discipline and performance. . .(p. 81).

It is this readiness to be useful, to make a contribution, to assume responsibility, which seems to complement and extend the child's natural sense of concern into the realm of participation through action in the life of the family.

In this chapter, we have tried to highlight those factors which seem most significant as pre-conditions to parentification. We have focused on a failure of parenting which involves both a relinquishing of the responsibility to guide and direct the family and a related insensitivity and lack of response to the child's needs. We have considered possible sources of this failure in the parents' histories with their own original families and in various pressures imposed by the facticity of family life. Also discussed as significant pre-conditions were the parents' marital conflict or disappointment and the child's capacity for meaningful contribution for the family.

CHAPTER 5

Development

In this chapter, our focus is on the development--the creation and maintenance--of parentification. This requires movement between intrapsychic and interpersonal processes. We begin by considering some aspects of the parent's internal experience, proceed to examine interpersonal processes between parent and child, and conclude with a consideration of the child's internal experience. In doing so, we move also from theoretical to empirical material and back again.

The forces which create and maintain familial configurations such as parentification cannot be grasped without an understanding of what Laing refers to as "transpersonal defenses."

Most defenses described in psychoanalysis are intrapsychic defenses--for instance: splitting, projection, introjection, denial, repression, regression. These defense mechanisms of psychoanalysis are what a person does to himself. They are not actions on the external world, on others, or on the world of others. . .

There is no systematic psychoanalytic theory of the nature of transpersonal defenses, whereby self attempts to regulate the inner life of the other in order to preserve his own, nor of techniques of coping with such persecution by others (1969, p. 12-13).

Slipp's formulation, based mainly on concepts from an object-relations perspective, is quite similar.

Without a stable, integrated and internalized system of introjects, the parents. . . needed external objects upon whom to project certain split introjects. In turn, other family members were required to introject, incorporate, and act out these split introjects. However, in order to stabilize the internal system of the parents, the entire family became locked into a rigid, mutually controlling external system of interaction in which each one's self-esteem and survival was dependent upon the other member's participation (p. 384-385).

The result is that the stability of each member's identity and experiential world becomes predicated upon the continuing availability and participation of all other members in their complementary roles. When this is the case, as Laing suggests,

The preservation, change and dissolution of the "family" [the family, as experienced within its members and mapped back onto the outer family] is not allowed to be a purely private affair when the "family" has to be felt to be preserved by all its members. . . .

Hence the preservation of the "family" is equated with the preservation of self and world and the dissolution of the "family" inside another is equated with death of self and world-collapse (p. 14).

Family members are rarely consciously aware of this essential coherence of identities but that it is apprehended by them is demonstrated consistently in their interactions. They know, without knowing that they know, how not to violate the unspoken but powerful expectations which sustain it.

More specifically in the case of parentification the parent needs a giving, nurturing, self-sacrificing parent. This parental figure, never successfully elicited (or relinquished) in a real parent or in the spouse, must be created in a child. The question, then, becomes

how such a "parent" can be created.

Laing provides an answer with the concepts of induction and, as its primary mechanism, attribution. Because his formulations are central to this discussion, he is cited here at some length.

Pure projection is not enough. As images of ghostly relations under the operation of projection, we induce others, and are ourselves induced, to embody them. . . .

One way to get someone to do what one wants, is to give an order. To get someone to be what one wants him to be, . . . that is, to embody one's projections, is another matter. In a hypnotic (or similar) context, one does not tell him what to be, but tells him what he is. Such attributions, in context, are many times more powerful than orders (or other forms of persuasion). . . . It is my impression that we receive most of our earliest and most lasting instructions in the form of attributions. When attributions have the function of instructions or injunctions, this function may be denied, giving rise to one type of mystification, akin to, or identical with, hypnotic suggestion (p. 78-79).

He asserts that, when a child is told, "You are naughty," not only do these attributions define that he is naughty but

They define what he does as naughty. In this way, he learns that he is naughty and how to be naughty in his particular family; it is a learned skill. Some children have a special aptitude for it (p. 80).

As Laing points out, attributions may take the form either of instructions or injunctions. We will examine both in the creation of a parentified child, bearing in mind that, however useful the concept of induction, it refers primarily to the initiative of an individual and must be re-formulated to encompass a "chain of social processes."

How do parents induce parentification in their children? In-

structions may take the form of parental support of pseudo-mature behavior or of descriptions (in the child's presence) of his/her sensitivity, sagacity or extraordinary powers. Basically, these children get the message that to be adult, to be caring and responsible, is good and that to be almost anything else is bad. When Eva is questioned about her relationships with peers, her lukewarm response prompts Mr. Kerr to comment that they sound uncomfortable. Mrs. Stein cuts in.

MRS S: She's much more mature

EVA: (softly) Oh quiet, ma.

Mrs. Stein again minimizes any peer problems by explaining that:

. . .most of the kids are a year younger than she is 'cause we moved here from Jersey.

EVA: (groans) Everybody's trying to make me bigger than I am. [Mr. Stein asks if she likes this] No, I don't like anybody making me bigger than I am.

Not surprisingly, Eva's feelings about "being made bigger" are more ambivalent than this would suggest, as is demonstrated later. Case records indicate that "Mrs. Stein had the habit of dressing Eva like a 'little old lady' in the words of the nursing staff."

There is some third-party support for this perception of parental encouragement for pseudo-adult behavior. Mrs. Stein herself admits:

Eva's sixth grade teacher told me once that we were making her, like we were asking her to grow up too fast. He said, "She's still a child. Let her act like one." . . . At that time I couldn't see it as much as I could now.

One therapist reaches a similar conclusion. She tells Eva,

Somehow you're getting lost as a teenager; that you are more and more functioning like an adult and not a teenager. [Mrs. Stein chastizes a child.]

EVA: I'm not even considered a person. How can I be considered as a teenager?

T3: They're not letting you, Eva. . . your parents give you permission to be like this, an adult.

In the Gardner family, Therapist 1 observes that Davie seems "like he is one of the grownups here." Mrs. Gardner concurs emphatically.

MRS G: He is very. . ., there was never anybody on the street for him to play with because the children were either older than him or younger than him, so he's always been around adults, and he's fine with adults. He can hold a conversation with you, really. But when it comes to being with children. . . (sentence is left unfinished).

Progress notes in the Robbins family indicate that

The children in this family do not really fulfill a subordinate role. The eight-year-old boy is too outspoken. . . . His parents. . . seem quite pleased with his man-like comments.

The following interchange in the Lewis family provides an example of how the child can become invested with special powers.

STEVE: I always give Larry a chance to talk, like I can stop the family from fighting, . . . and then Larry could have a . . .

T2: (interrupting) You can stop them?

STEVE: Yeah, I do.

T2: How do you do that?

STEVE: I just tell 'em, everybody, to be quiet, and I tell them what's happening.

MR L: He does.

T2: That's a big responsibility for you to actually stop the family from fighting.

MR L: (proud, impressing the therapist) He does. He does. He has actually put one word in and the whole family just shuts up for a moment.

T2: (gently) But that's something the parents should do; not one of the children.

Later when Steve injects his interpretation of why Mrs. Lewis and Larry argue, both Mr. and Mrs. Lewis leap in, heads nodding furiously, with effusive affirmation. "That's right. That's right. He's exactly right. He is. That's it." Steve sees his parents react to him as though he were a kind of messiah, capable of solving their problems with a casual observation. His parents are only too happy to encourage such a perception. In this way, Steve can be made to try harder and harder to work miracles for them and to sacrifice himself in the process.

The induction of the child into a specific object role, such as that of the parentified child, the infantilized child, or the scapegoat, requires proscription as well as prescription. Just as certain traits, behaviors, and experiences must be cultivated, others must be pre-empted. Instructions prescribe what the child should be and do; injunctions dictate what s/he should not. The content of injunctions will vary from object role to object role and from family to family. In the case of the infantilized child, it may be the natural expression of maturity which is enjoined, while in the case of the parentified child, it is more likely to be the natural expression of immature dependency. In general with parentification, injunctions will involve those aspects of the child's existence which run most counter to parentification, such as needfulness or any expression of autonomous self-definition. Such injunctions take the form of attributions and may be concealed by what Laing has referred to as mystification and

Stierlin describes as "ego-binding."¹¹

. . ."ego"-binding. . . implies devious communications which mystify. . . , interfere with the sharing of a common focus of attention. . . , and disaffirm one's own or the other's messages. Such devious communications strain and unsettle the partner in the dialogue and they throw this dialogue off the track.

[A cognitively binding parent] by being intrusively interpretative, prevents her child from perceiving and differentiating his basic bodily needs or states. . . . She cognitively binds her child when she imposes on him her own definition of his feelings, needs, or intentions. Thereby she substitutes her own for the child's regulatory and discriminating ego. She misdefines the child to himself (1974, p. 41-42).

This description captures some of the ways in which Mrs. Stein's injunctions are transmitted to Eva. At one point, Eva asserts that her parents do not really get along together, they they are just acting. Mrs. Stein defies Eva to explain this. She tries and Mrs. Stein tried to intimidate her by saying:

Are you sure you know what you're saying?

EVA: I realize what I'm saying.

MRS S: (defiantly) What are you saying?

Eva explains further at which point Mrs. Stein is forced to resort to outright denial.

Mrs. Stein reacts similarly when Eva exposes her parents collusive sham in one session. Mr. Stein has said he feels there has been some improvement in his relationship with his wife. Mrs. Stein agrees weakly. Eva reveals that that very morning Mr. Stein had said

¹¹These two terms denote essentially the same processes and will be used interchangeably.

he felt nothing had changed and was considering leaving therapy.

MRS S: (laughing out loud, minimizing, as if explaining away a misunderstanding) Ah, what brought that on this morning is that your father had 12 hours sleep, which isn't good for him, number one, and number two, I slept on the sofa because of my cold and he resented it. . . . So I didn't take it too seriously, Eva. I'm sorry that you did. You shouldn't all the time.

Interactions such as these are frequent and occur in a variety of content areas. Beyond any one conflictual issue they represent the operation of what Nagy has referred to as the "counterautonomous superego" (1962)--that is, the moral imperative by which various forms of autonomous activity are experienced and punished as a basic betrayal of the relational system itself. While this basic betrayal always transcends any one particular "sin," in Mr. and Mrs. Stein's interactions with Eva the struggle currently centers around Eva's growing discomfort with her father's physical affection toward her. Eva's internalization of this counterautonomous superego will provide a powerful complement to the external manipulations of her parents.

Mrs. Stein struggles to keep the issue of Eva's developing sexuality out of discussion primarily by misunderstanding the issue and by minimizing and denying there is anything to discuss. She fails and resorts to mystification in an attempt to preclude discussion.

EVA: I feel uncomfortable!

MRS S: (dubious, ironic tone) And you also felt that we're putting on an act when we act friendly with each other, right?

EVA: Are you trying to make out like I'm nuts?

MRS S: Isn't that what you just said before?

MRS K: You keep laughing at her, Mildred. Do you think she's crazy?

MRS S: I'm not laughing. I'm smiling at her.

EVA: She's trying to make out like I'm nuts!

MRS S: Did you just say before that when daddy and I are friendly in

the house you don't feel it's real?

EVA: (weakly, temporarily disorganized, wary of a trap) Yeah.

MRS S: (triumphant) Well!

EVA: Well what?

MRS S: That's what I just said.

Later Eva asks if perhaps her mother lavishes her affection on Michael as her father has on her.

EVA: There's nothing wrong with it, but if it's on your kids instead of your husband, I mean. . .

MRS S: (interrupting) It's not a matter of "instead of." You mean "not enough of," right?

EVA: No, I mean instead of.

MRS S: Well, it's not instead of, Eva.

Note that in each of these interchanges Eva stands her ground, resisting mystifications and invalidations, and forcing her mother to resort to less subtle maneuvers--typically, simple denial. It is significant that no such instances of Eva's resistance can be found in the first tape available of this family (their second therapy session). However, in all subsequent tapes, beginning one year after the start of therapy, such interactions are plentiful. This suggests that maneuvers on Mrs. Stein's part which may have succeeded in the past are no longer effective, and that we are seeing remnants of earlier modes of defense and more recent, less covert, variants.

In one session, Eva asks Therapist 1 if her childhood adoration for her father was healthy or not. He responds that, from the family's point of view, Eva tried more than anyone else to be alive. Mrs. Stein responds contemptuously, "It couldn't be just plain stupidity, maybe?!" A later interchange between Mrs. Stein and the Kerrs is especially revealing.

- MRS S: She's not sure how she's feeling about these things. She explains it one way and then she says another thing.
- MR K: I think she's very sure, Mildred.
- MRS S: What did she say?!! . . .
- MR K: . . .She feels something with Norman. Period. No other shade. No other twist of the mind. . . . If you don't want to accept it, that's up to you.
- MRS S: That's ridiculous. . . . I think she's not sure how to accept this feeling sometimes. . . .
- MRS K: (interrupting) But she's positive! You're the one who's not sure.
- MRS S: (dismissing tone) It's a growing up sensation. . . .
- MRS K: Don't you realize what you're doing now. . . . You're telling her she's crazy. And that only you know.
- MRS S: I didn't tell her she's crazy. I think she's a little mixed up. It's not the same as crazy.
- MRS K: But you're the only one that's mixed up in the room.

Mrs. Kerr also tells Mrs. Stein, "You sound like you're trying to rearrange your daughter's thoughts."

These efforts at mystification reflect, in part, Mrs. Stein's attempt to erase any expression of Eva as a sexual female. Mr. Kerr, trying at one point to circumvent Mrs. Stein's resistance, asks how she would feel if it were true that there was an incestuous element to Eva's relationship to her father. He asks if she would feel jealous.

- MRS S: Uh uh. Can you feel jealous of a man paying attention to a baby? She's still my baby. I mean, she might be 23 or 33, or . . .
- MR K: (interrupting) She's not a baby!. . .
- EVA: I'm not! I'm not a baby anymore!
- MR S: Mildred, she's telling you that. God in heaven!
- MRS S: . . .She's my child.

In another session, Therapist 1 asks if the family has any discussion of this issue.

- MRS S: I don't think he shows, er, that he's that demonstrative, that

it's something he should put aside until she gets over her awareness of. . .

MR S: She doesn't get over it, Mildred.

MRS S: . . .of being a female. It's something that she will apparently outgrow I think.

This interchange suggests yet another factor--the limits of Mrs. Stein's experience of her own sexuality.

Mrs. Stein tries to get Eva to admit that she "varies" what she says at times. Eva tries to respond, but Mrs. Stein talks over her.

MRS S: In fact, last year you resented it because he [Mr. Stein] wouldn't tickle you like he tickled Mikey. . .

EVA: (loud, angered) I don't care about last year.

MRS S: and he tried to explain to you that you're getting older. . . (laughing, in mock-defeat as if she has really trapped Eva) Oh, OK, Eva. Alright, I have no answer.

After a similar exchange, Mrs. Kerr is prompted to ask Mrs. Stein,

Do you realize that you disregard your daughter completely and you laugh at her?

MRS S: No, I think it's sweet. That's why I'm smiling. I'm not laughing at her.

Mrs. Stein demonstrates a capacity to adapt creatively to new circumstances when she blames the therapy itself for the supposed problem. Referring to the problem of displaced sexual feelings, Mr. Stein asks his wife,

Mildred, don't you accept it. The possibility. . .

MRS S: No, I think it's a little bit exaggerated. I think it's now exaggerated in her mind a little bit.

In her attempt to maintain the status quo, Mrs. Stein must invalidate other statements than Eva's alone, as demonstrated when Mr. Stein tells

Eva that she should not be ashamed of her past adoration for him and that most affection in the family has been buried. Mrs. Stein interrupts:

MRS S: Are you telling her that you have no love for the children.

MR S: I didn't say I have no love for the children.

MRS S: That's what it sounded like. I was wondering myself.

Finally, the desperate, flailing quality of Mrs. Stein's attempts at mystification is revealed when she responds, at one point, with a flurry of defensive maneuvers. Mrs. Kerr is trying to help Eva clarify her discomfort with her father's affection. Mrs. Stein keeps asserting, over their voices,

He always kibbitzes with her. He always kibbitzes with her from the time she was an infant.

MRS K: But she doesn't back.

MRS S: She does. Oh yes she does. [silence, a stale-mate] I don't encourage it. I mean I don't think it's overdone. [Mrs. Stein chastizes Michael].

Here, Mrs. Stein begins by re-defining the problem out of existence, describing it as "kibbitzing" or harmless fun. Next, she dissociates herself from the problem (implying it exists), immediately corrects this by, instead, minimizing the problem (it does not really exist) and ends up by "mothering" Michael, an activity in the status quo with which she is most comfortable.

Lest it appear that Mrs. Stein is solely responsible for obstructing Eva's moves toward autonomy, the following examples provide some sense of Mr. Stein's role. In general, while Mrs. Stein makes use of attribution and mystification to keep Eva bound to her parentified role

in the family, her husband uses these as well as less subtle mechanisms. One of the most obvious elements of Mr. Stein's relationship with his daughter is his sense of insecurity and inadequacy. He deals with these feelings (unsuccessfully, it seems) by attempting to overpower her. So when Eva makes a comment about her father's treatment of Michael, he does not question, disprove, examine or consider the comment, but blasts Eva, telling her to mind her own business. What is communicated so powerfully in this reaction and the subsequent discussion of the incident is Mr. Stein's sense that her observation is accurate and that he will be found wanting.

Later, Mrs. Stein expresses her own feeling that her husband tries to overpower Eva and forbids her to speak.

MRS S: It bothers me that he chooses to use it with Eva, because I don't think she's quite up to par with him, argumentatively, because he won't consider the fact that she's growing up. See, here he'll sit and listen but at home he has very little patience. . . . If . . . he doesn't [feel patient], he will tell her he doesn't feel that she's old enough to voice an opinion or that she should know where her place is. . . .

So mother and father try to achieve the same goal by different roads. Mr. Stein forbids Eva to speak or he shouts her down; his wife gives her the freedom to speak and disqualifies her.

At another point, Eva says, "He always laughs at me, at my attempts, at my way of trying to think." Later, Mrs. Kerr comments to Mr. Stein, "The way you speak to [Eva], Norman, you speak to her horribly. You don't speak to her like a person." She parodies him, an angry, rasping growl. "A mechanical machine." When Mr. Stein reacts to this defensively by laughing at Mrs. Kerr, Eva says,

Now you know how it feels, don't you?

MRS K: How it feels?

EVA: When he starts laughing at you.

MRS K: It could make you feel like shit.

Behind these different parental styles of squelching what they consider to be troublesome aspects of Eva lies a common purpose. And despite Mr. Stein's loud protestations against his wife's treatment of Eva, both his passive abdication of responsibility and his sometimes active collusion in these efforts attest to his complicity. This collusion extends to both children, as in the case of Michael's toilet problems which Mr. Stein loudly blames on his wife. An early case note records

It was made very clear. . .that Mr. Stein as well as Mrs. Stein participated in the destructive pattern concerning Michael's raising. It was discovered that when Michael goes to the toilet [age 8] he waits for one of his parents to come in and clean him because presumably he is not able to do so. When this was brought up in the meeting this caused some embarrassment to the parents and thereafter they claimed that they had stopped this habit.

In one session, when Mrs. Stein is battling nearly every member of the group to maintain the status quo in Eva's relationship with her father, Mrs. Kerr observes that Mrs. Stein is "taking all the flack" while Mr. Stein sits there "scot-free."

Finally, the most dramatic demonstration of this parental collusion occurs when Mr. Stein, the week after Eva first expresses her discomfort, declares his own solution to the problem. Therapist 1 asks him what he did after Mrs. Stein refused to discuss the problem at home.

- MR S: . . . For a while I was a little bit overcome with it. And I feel this way, that with Eva, as far as I am concerned, this awareness. . . is a normal, evolutionary thing with her. I mean she's going through it. . . . But, uh, for myself, as far as my relationship with Eva is concerned, the growing pains will be a little more difficult for her. They might be a little more difficult for me. But as far as the way I've been relating to Eva all these years, I'm satisfied with it for myself and for her. . .
- MRS K: You're satisfied, knowing she isn't satisfied?
- MR S: There's nothing wrong with our relationship, between Eva and I.

Mrs. Kerr insists that Eva says there is. Mr. Stein says Eva just wants him to show more affection to Mrs. Stein. Mrs. Kerr responds that Eva would prefer it not to be shown to her in that way.

- MR S: . . . the way she thinks it's being shown to her.
- MRS K: She doesn't think.
- MR S: She will realize, I hope, and if she has any questions, I hope. . . .
- MRS K: (interrupting) That's assuming, isn't it?
- MR S: You assume a lot of things. . .

Without the opportunity to scapegoat his wife for their shared willingness to consider Eva's feelings and perceptions, Mr. Stein proves no less willing to sacrifice his daughter by discounting those perceptions and feelings.

In summary, the parent is driven by his/her own needs to create an over-responsible and self-sacrificing parental figure in the child. The mechanisms by which such a figure is induced are no different in the case of the parentified child than in those of other one-dimensional object-roles. Induction relies on sets of instructions and injunctions, conveyed through attributions of who the child "really" is. These attributions may be supplemented by more overt commands and prohibitions and they are likely to be obscured by a process of mystifica-

tion which serves to deny that they are even being communicated.

The reader may have noted a certain paradox implicit in this discussion. How can the parentified child be both groomed as messiah and thwarted as mere person? How can s/he be so powerful and yet so powerless within the family? The answer seems to be that the paradox is inherent, and as painful to the parentified child as it is perplexing to us. Slipp and Nagy have both commented on this paradox of captive power. Slipp states:

We hypothesized that the lack of ego boundaries appeared . . . related to the paradox of feeling controlled and helpless (having to be whatever the other member required), while at the same time feeling grandiose and omnipotent (responsible for the other's self-esteem and survival) (p. 383).

Nagy's observation is surprisingly similar.

From the viewpoint of the parentified person, parentification is an overtly exploitative maneuver. The exploitation of the child is of a double-binding type: He is expected to be obedient, yet behave in accordance with the ostensibly superior or senior position he is cast into. Although he is recognizable, at least covertly, as a willing victim and as a source of strength for the family system, he pays for his assigned rank by his captive role (p. 165).

This paradoxical bind heightens the normal difficulties of being a child who sometimes wants to be treated like a grownup into the anguish of being forced to be a grownup while being dominated like a child.

The preceding discussion has centered on the parents' induction of the child into a parentified position, but what of the child's contribution to this process? How do we understand the child's assumption of both the "overt role assignment" and "internal expectation and commitment" characteristics of parentification? The concept of introjection is clearly relevant here, although it provides less of an explanation than a convenient shorthand for a thoroughly mysterious process. Furthermore, Laing observes that, while we can discuss both projection and introjection, there is no term to describe the reciprocal process in one person to the other's induction. "Compliance," "co-operation," and "acceptance" may be as close as we can come, although their connotations are regrettably passive and inert.

Semantic problems notwithstanding, what we are interested in is an appreciation of those forces within the child which motivate him/her to actively assume both internal commitment to and external performance of the role marked out. In Nagy's terms, the question concerns the nature of the child's loyalty to his/her legacy in the family. Because our data are neither longitudinal nor phenomenological, our hypotheses must necessarily be more speculative and theoretically-based. Nevertheless we can make some guesses as to probable motivating forces for the child. We need to keep in mind, however, that the child does not decide to fill the bill or, for that matter, decide not to, as we might decide to accept or refuse a job, to maintain or abandon a relationship. It is safe to assume that both the child's acceptance and uneasy squirming under the mantle of parentification will be unformulated and, to use Roger's (1951) expression, unsymbo-

lized or, at best, mysterious even to him/her. In itself, this represents one level of explanation or, at least, one element in this acceptance. The child's assumption of the parentified role devolves, in part, from his/her unconscious acceptance of the parents' images of him/her. What basis does s/he have for disputing these personifications, especially to the degree that self-awareness is impaired by ego-binding? To return to Laing's metaphor, the child accedes to the hypnotic induction of the parents which, by virtue of their relationship to the child, is the most powerful source of reflected personifications available to him/her. But more than this would appear to be involved.

Another cluster of motivations involves loyalty, concern for the parent and self-interest, here implying a natural need for the parent and a desire to avoid criticism and rejection by him/her. We deliberately discuss the forces of loyalty and concern in conjunction with self-interest in order to emphasize the common convergence of these forces described earlier. It is the artificial division of the relational dialogue into self-contained and competing individuals which creates a correspondingly artificial distinction between loyalty and concern, on the one hand, and self-interest, on the other. Naturally these children experience conflicts--necessary conflicts--between concern for self and concern for other. But this conflict is never simply between self and other so much as between self and self. When they are able to re-direct some of that energy which has been so absorbed in caring for the other into caring for themselves, they are likely to discover that they have gone against not only the other but a part of

the self.

The child's own need for the parent constitutes a powerful inducement to parentification. How does s/he make contact with a parent who cannot contact the child as-a-parent but who pulls for nurturance and protection? The child's efforts toward closeness with the parent may be most consistently rewarded when s/he comforts and soothes the parent, when s/he listens sympathetically to complaints, feels with the parent and tries to reduce his/her pain. When the child brings his/her own pain or need to the parent, seeking closeness and contact, the parent may lose interest, turn away, minimize or express helplessness. The child will get the message that these particular efforts toward closeness are likely to fail consistently. S/he may become a protector if this is the only form of relationship the parent can realistically accept.

The child's loyalty and concern for the parent provide additional inducements to accept and sustain the burdens posed by parentification. Just as concern constitutes an essential pre-condition, it also serves to maintain parentification. The child is driven to perpetuate his/her callings by a concern for the other(s) much like the sensitivity to distress described by Sullivan as maternal "tenderness." In terms of loyalty, the operation of the counterautonomous superego makes non-compliance with parentified responsibilities tantamount to a betrayal of the relational system. The rigidity of expectations associated with the assigned object-role gives the child little or no freedom to reject selected aspects of that role. To avoid the devastating sense of betrayal, s/he must continue to perform all parentified

responsibilities.

In addition, once the roles and responsibilities of parentification are established, these forces of loyalty and concern are intensified. In departing from this role, the child may, as Nagy suggests, violate not only "the loyalty of belonging, but also the commitment to caretaking" (p. 161). The child's struggle for liberation will be experienced by self as well as others not merely as a "leaving the fold" but as the abandonment of a helpless charge.

There is one more critical motivation involved in the child's acceptance of the parentified role. It derives from the natural emergence of a readiness for responsibility, as described in the last chapter, and involves the potential utility of the parentified role in the child's struggle to fashion and sustain a sense of identity. Erikson uses the term "identity" to refer to a "conscious sense of individual identity," "an unconscious striving for a continuity of personal character," "a criterion for the silent doings of ego synthesis," and "a maintenance of an inner solidarity with a group's ideals and identity" (1959, p. 102). He asserts that

Ego identity, then, in its subjective aspect, is the awareness of the fact that there is a selfsameness and continuity to the ego's synthesizing methods and that these methods are effective in safeguarding the sameness and continuity of one's meaning for others (p. 23).

Whatever its drawbacks, parentification offers the child, at least initially, a role which certainly provides for continuity of character, both experienced internally and reflected by others, and which is not only a part of but is essential within the family group. In

addition, this is often, though not necessarily, a valued (if exploitative) role.

Erikson also states,

It is this identity of something in the individual's core with an essential aspect of a group's inner coherence which is under consideration here: for the individual must learn to be most himself where he means most to others--those others, to be sure, who have come to mean most to him (p. 102).

Obviously it is as a caring, protective, self-sacrificing "parent" that the parentified child "means most to others" in his/her family and can therefore most easily achieve a sense of continuity and self-sameness within group and within self. Stierlin's (1974, 1976) notion of the child as the "delegate" of the parent shares a conceptual affinity with Nagy's approach to parentification. He speaks to this point directly when he states,

Children. . . have a need to serve as delegates. In such service, they are given direction, a primary sense of identity, a sense of importance, and missions. These, to them, are all vitally needed gifts (1976, p. 28).

Our data are not sufficiently phenomenological to address this aspect of parentification directly. However, the importance of the parentified role for the child's struggle to develop a sense of identity can, perhaps, be inferred from some aspects of Eva's participation in the family therapy group. Over the course of the sessions, we can see Eva begin to function more and more as a sort of co-therapist in the group. She becomes an intermediary between the adults and the smaller children, translating back and forth between the gen-

erations. She asks questions, reflects feelings and make interpretations in trying to help the Kerrs clarify problems in their marriage and family. This co-therapist role certainly reflects a strong identification with Therapist 1, whom she states explicitly has replaced her father after his demotion as her "god." But, even more clearly, it represents a natural consolidation and extension of characteristic skills of the parentified child which predate but are validated by the therapy. It is obvious that her exercise of these skills provides Eva with a sense of belonging, being important and making a valuable contribution in this group and, in this way, reflects a sense of identity analogous to that in her family of origin.

The importance of this role for Eva's identity is further suggested by her uneasiness and outright resistance when the therapists try to relieve her of the burdensome expectations placed on her by the adults in the group. When one therapist tells Eva she should be glad not to have to deal with these adult problems, she sadly and unenthusiastically says, "Yeah." Later, she admits that, in the words of the therapist, she feels "kicked out of. . .some older problems." It seems clear here that for Eva to give up the parentified role she has assumed in the larger context of the family therapy group would cut deeply into the sense of competence, contribution and self-esteem she has built up in the exercise of that role.

Let us pause to consider two last points concerning the relationship between parentification and the child's developing identity. Firstly, while parentification certainly contributes to the formation of a sense of identity, its contribution to a sense of effectiveness

is more problematic. Not infrequently the parentified child's efforts are taken for granted, unrecognized by family members. Searles (1975) notes that the child's

therapeutic strivings. . . [may] be subjected to, or remain under, severe repression and be acted out, within the family in a manner largely unconscious to all the family members including the child himself (p. 132).

Furthermore, the parentified child's callings--functioning for a severely impaired parent, healing a bitter poisoned marriage--are often so hopeless that his/her efforts can provide little sense of competence or satisfaction.

Finally, the implicit must be stated explicitly--that while parentification may save the child from something like what Erikson described as "identity diffusion," it is likely to painfully limit both the child and, later, the adult to something akin to his notion of "identity foreclosure." We refer again to Stierlin's discussion of the child's role as the delegate.

However--and this is central--such service must leave room for increasing (relative) autonomy, for shifts in loyalty--away from the parents to peers and alternate adults--and for a constant re-negotiation of the generations' mutual needs, rights and obligations. We may speak of a liberating dialectic that needs to be built into the delegating process (1975, p. 28).

The possibly crippling effects of parentification on autonomous identity formation will be discussed in Chapter 7.

We have asserted that in an analysis of parentification we are concerned with a relational configuration which reflects "a chain of social forces rather than an individual's initiative or acts." The concept of induction, however, necessarily focuses attention primarily on the acts of individuals. We have tried in this chapter to convey some sense of this chain of forces, both intrapsychic and interpersonal, of which induction is merely one element. These forces--the parent's need for a parent, the child's loyalty and concern, the parent's induction (through instructions, injunctions and mystification) of a "parent" in the child, the child's need for a sense of identity and usefulness--interlock to produce a sort of relational drift toward the imbalance of parentification. A drift not entirely without opposing forces--the child's sporadic protest, the parent's fitful exercise of responsibility. But unless the system can permit a continual rebalancing through reparation and reciprocity, the drift proceeds to a stagnant endpoint of fixed, imbalanced role requirements.

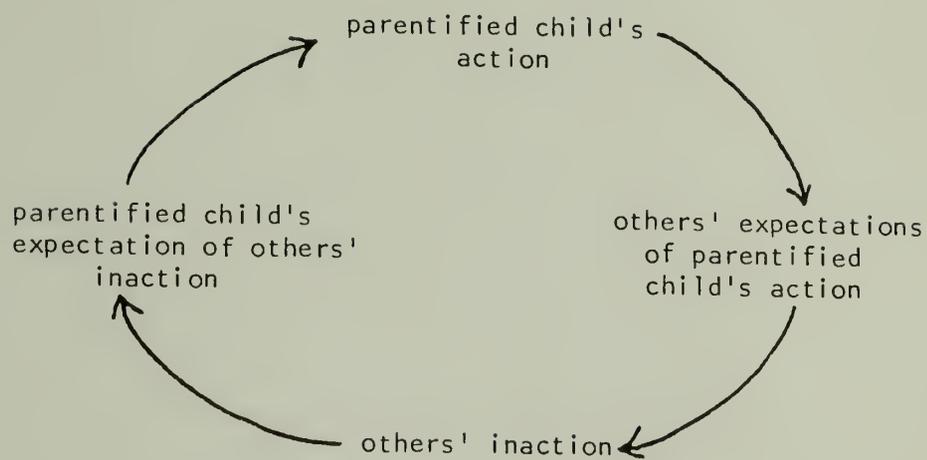
Because this interlocking of forces is more difficult to grasp than the more linear notion of one person's action on another, we will examine one piece of this complex fit as a sort of microcosmic illustration. We might refer to this process as the dialectic of actions and expectations. The configuration is ubiquitous; it occurs in probably every situation which involves more than one person and various shared responsibilities. However, depending on the types of responsibilities, their age-appropriateness and, again, the availability of accountable reciprocity, it may be either benign or exploitative.

In the case of parentification this dialectic revolves around an action which is called for. It may be comforting a parent, caring for a sibling, trying to resolve a marital conflict, making a decision which guides the family, or even a more task-oriented action, such as cleaning up, shopping, etc. The important elements include: the parentified child's expectation, based on past incidents, that others will not perform the necessary action; the parentified child's performance of that action; the others' expectations, based on past experience, that the parentified child will act; and the other's inaction. These elements are mutually reinforcing, as suggested in Figure 3. Each participant reacts to 1) the (in)action of the other in past incidents, which contributes to 2) expectations of the other's response to a current situation and reciprocal expectations of the necessity (or lack thereof) for action on his/her own part. These expectations, then, influence 3) their own present (in)action. The pattern becomes increasingly predictable as it is repeated, and the parentified child becomes over-accountable while others are underaccountable. It is not uncommon to observe a family's indignant condemnation of a parentified child (most likely shared by the child) for occasional lapses from a responsibility not even expected of any other family member.

When an emergency (and parentified children specialize in long-term, chronic emergencies) or any other call for action develops, the others can sit back fairly comfortably and wait, with fully justified assurance, for the parentified child to "come through." The parentified child is equally justified in anticipating that no one else will act, and so the responsibility realistically lies with him/her. In

Figure 3

Dialectic of Actions and Expectations



addition to illustrating the chain of forces which interlock to create parentification, it is hoped that this example also demonstrates the interlocking of intrapsychic and interpersonal processes described earlier. Action and expectation are related facets of a unitary process, neither fully comprehensible without the other.

One fairly clear illustration of this dialectic can be observed in the evolution of action and expectation in the family therapy group itself. The adults' attempts to dissuade Eva from her "co-therapist" and most-active-member roles merely serve to highlight the expectations placed on her and experienced by her in the group, as well as their context of inaction by other members.

MRS K: Eva. . .you've sort of been built up over the past several weeks or so. You're sort of expected to give a certain level, and really, you don't have to live up to anything. . . . Maybe everybody here has placed you in a position where you think you have to reach out. . . .

T3: Well, that couldn't be helped, because Eva was the only one in the group who came through. . . .

MRS K: I think her reason for going way out is because she felt that if she didn't, the whole thing might flop here.

T3: It's a shame that the responsibility laid on her shoulders

MR S: Eva, do you feel that because of whatever happened here, the prime responsibility for any movement as far as we're concerned is on your shoulders?

EVA: Yes.

Mr. Stein proceeds to try to verbally dissuade Eva but, as we might suspect, his (in)actions speak much louder than his words.

CHAPTER 6

Characteristic Patterns

Characteristic patterns of parentification include those roles, responsibilities and relationships which constitute parentification and by which it is recognizable. An analysis of these patterns can be usefully divided into functional and ethical levels. The functional level includes those attributes, family roles and related "callings" which characterize the parentified child. The ethical level involves the fundamental imbalance of reciprocity and accountability which is an essential component of parentification. We begin here at the functional level.

One of the most common attributes of the parentified child is a sort of pseudo-maturity which is the complement of the parents' immaturity. On tapes of family therapy sessions, and even in the short and fragmented excerpts included here, one is struck when remembering that Eva is only 12 or 13 years old. Her comments and the general tone in which they are delivered suggest someone at least five years older. We are reminded that Mrs. Stein dressed Eva "like a little old lady" and asserts frequently that she is "much more mature" than her peers.

Progress notes on the Robbins family, cited earlier, remark on the "outspoken, . . . man-like" comments of the eight-year-old son. This boy not only defends each parent against the other but does so

in long speeches (jarringly delivered with the speech imperfections of a small child) on the responsibilities of marital partners and, in general, on how it is with life. When his mother and sister caustically berate the inadequate father, Andy pipes up,

I know something. Y'know when Emily [his sister] says that, I know what's in Emily's mind. She 'spects a man to go to the grocery. She 'spects a man to iron things. But my mother does that. A woman's job is to iron things, wash things and wipe the dishes. A man's job is to carry furniture or like that but not to go to the grocery.

Later Andy gives a short lecture (perhaps learned from his counselor at school?) to the therapists evaluating the family for treatment:

ANDY: Can I talk? You see, when a person, when you're a little boy and a person babifies you, when you get older you don't understand the life. Now, if a person teaches you right from wrong, you understand. Y'understand what I mean?

When one therapist asks Andy if he feels like "a man sometimes or a little boy," he answers, "A man."

We recall that when Therapist 1 comments that Davie Gardner seems more like one of the grownups in the room, Mrs. Gardner agrees emphatically, explaining how well he can carry on a conversation with an adult. Case records observe,

He is anxious to please and generally worrisome. . . . Not quite eight years old, he displayed a pseudo-maturity beyond his year.

Nagy notes that when therapy is successful with families such as these, the parentified child is often observed to become more age-appropriately child-like.

The "worrisome" quality referred to above in Davie Gardner is another frequent characteristic of parentified children. Therapists, and even family members, often identify a parentified child as "the family worrier" (Spark, 1973). In Families of the Slums, Minuchin et al. give a concise example of one such "parental child."

Margaret is concerned not just for her mother, but more basically with keeping the family together. . . . Though essentially in her mother's camp, Margaret. . . appears to be the most "torn apart" or neurotic. Overburdened to extremes, Margaret often supercedes her mother. She can become so "maternally worried" that she escorts Daniel from the bus station despite a parental decision that he is old enough to try it alone. . . . During the sessions, any allusion to the parental conflict makes her cry profusely. She becomes mute, and looks very pained and distant (p. 228).

Worry is the inheritance of the over-responsible. In these cases, it reflects the development in the child of a sense of accountability for events which far exceed his/her capacity for effective action--either because of their sheer magnitude or because of their fundamental intractability. These childhoods are often absorbed in concern over "chronic emergencies" and for this reason psychosomatic disorders may be an "occupational liability" (see pgs. 155-159).

Furthermore, the parentified child's feeling of "being responsible for" family problems, in the sense of having to minister to and hopefully resolve them, can shade into a feeling of "being responsible for," in the sense of having created these problems. The fact that, linguistically, both meanings are expressed by the same phrase suggests a natural, if not strictly logical, cognitive association between the two. This is illustrated by Eva Stein. Therapist I ob-

serves in an early progress note that "Eva thought that her birth finished the 'good' relationship between her parents." On the face-sheets filled out, upon intake, for each family member, we find, under "chief complaint" on Eva's form: "Believes she is the cause of parents' emotional problems." Whether this belief was encouraged by her parents or not, it conforms with Eva's objectively justified sense of responsibility for all family problems. When problems persist, it may be difficult for her to distinguish between the others' actions and her own continuing failure.

These attributes reflect a variety of what we have referred to as "callings"--those specific types of tasks or duties for which the parentified child becomes responsible--and the roles often associated with them. We have proposed the term "calling" in this context for its connotations of 1) the child's perception of a real external need for the burdens to be assumed, 2) his/her acceptance of those burdens, and 3) the enormous influence they may come to exert over all areas of his/her life.

One of the most common callings and related roles for the parentified child is that of the care-taker. S/he may serve in this capacity for any member of the family--parent or sibling, or even an extended family member who is essentially a part of the system, such as a grandparent, aunt or uncle. The role of care-taker implies responsibility for the "charge"--responsibility typically for physical care, emotional care, or both. Responsibilities for physical care are fairly obvious. They may include protecting a younger sibling from harm, nursing an ill parent, being in charge of feeding family members,

watching over an alcoholic parent to prevent self-injury, etc. Responsibility for emotional care is both more complex and more diversified. But whatever form it takes, it requires both a sensitivity to the feelings--especially the pain, distress, anxiety, and fear---of the other and a commitment to action, such as attempts to comfort, re-assure, support and defend the other.

The relationship between Ben and his older brother, Irving, in the Rosenberg family provides a nice illustration of both physical and emotional aspects of the care-taker role. Henry notes:

Irving has left his dishes for Ben to do. Later just before his mother came home, Ben washed and wiped all the dishes (p. 134).

. . . [Ben] said, "I like to be Irving's slave." Ben always makes his bed and puts things in order before he goes to school; if Irving does not, he will tell Ben to do it and Ben will go upstairs and do it (p. 153).

Henry notes that on a typical day Mrs. Rosenberg leaves instructions for Ben--

. . . what to give Irving for lunch, when to turn on the oven for the meatloaf, what to give me to eat and so on During the day, when she is at the office, she calls up and checks with Ben to see what happened with the repairman, whether Irving got his breakfast, whether I have been fed, etc. (p. 121).

He observes that when Irving makes orange juice, a puddle of concentrate is left on the counter until Ben wipes it up.

Henry asks Ben:

how it was that he did all the chores and he answered, "because Irving doesn't cook so good and because Irving gets

dressed fast in the morning and comes downstairs," so Ben is left upstairs to make the beds (p. 131).

Ben says he does what he's told because if he doesn't, their mother "would get mad and kill both of us," so when Irving goofs off, Ben does the work of both (p. 130).

We can recognize the dialectic of actions and expectations which underlie this configuration.

In other observations we get a sense not only of Ben's slave-like role in relation to Irving but of his concerned, almost protective role as well.

Ben is Irving's "slave," performing many little chores for him—even, I was told, to the extent of looking up words in the dictionary for him. . . . Irving calls using people "efficiency" and is proud of it, but he needs Ben and even gets into his bed at night to sleep with his arm around his brother, pressed against his back, as I saw (p. 129-130).

At one point, Henry offers to take Ben any place he'd like to go,

but he said, "Not just now; I have to wait for Irving because I don't know if he has a key." When Irving came home I asked him whether he carried a key and he said, "About 99% of the time," and showed me his on a long chain (p. 131).

In another exchange,

Ben asked Irving if he had had his milk, so Irving asked him, challengingly, if he had had his milk. Ben tries to be a mother to Irving, even to the point of provoking him by anxious hovering; even to the extent of somewhat taking on the maternal anxiety and dominance. What could be a more perfect expression of this than the question, "Have you had your milk?" (p. 131).

Henry comments on the significance of Ben's submissiveness for

Irving.

When an observer stays with the boys, he perceives a constant interplay between them in which Irving tries to assert himself over Ben. Irving does not always get precisely what he wants, but he gets enough to maintain the appearance of dominance. In this way--by relative submission--Ben does his brother a good turn; he manages to make him feel big (p. 132).

Henry highlights the implicit trust between the boys when he makes the following observation.

Irving is anger-prone because that is when he experiences his most intense states of selfhood. Only when pouring out his sense of irritated nothingness does Irving seem to feel like something in the house. And it is safe to pour it out on his brother because Irving knows he will not lose him and will not be injured (p. 151).

While Henry may intend to suggest "injury" only in a literal, physical sense here, it would seem justifiable to extend this to include injury to self-esteem and pride as well.

Henry summarizes the relationship between the boys as follows.

Ben ministers to Irving's need for mothering without domination; hovering over him to see that he is fed, running out to the store to buy a ball or French fries, allowing his brother to snuggle close at night. Ben is the embodiment of a maternal presence--benevolence without domination (p. 148).

The distinction between physical and emotional care-taker functions is a useful one. Stierlin's (1974) distinction between "simple helping or supporting missions" and more "complex ego-support missions" represents an analogous conceptualization. Nagy remarks,

Apart from . . . extremes of functional exploitation, . . . it is not certain that reality-determined premature adult functioning has a crippling effect on the child similar to that of guilt-laden exploitation of the child for emotional rather than realistic needs (p. 155).

But however useful the distinction, it should not be interpreted as absolute. In different relationships in different families, these two types of responsibilities may be quite separate--parentification being primarily of one type or the other--or they may converge inextricably. The purpose of this discussion is to convey a sense of the variety of responsibilities parentification may entail, not to develop a taxonomy of exploitation.

In the Stein family, the care-taker function is quite clear in Eva's relationship to her infantilized brother. The opening note on the family observes that Eva

is being used as a mother substitute for Michael to the extent that he is hugging Eva and leans on her shoulder throughout the session.

Her concern and protective caring for Michael are illustrated by her intervention in the "cake incident," and by her remarks discussing it afterwards.

EVA: I couldn't just stand there and see Michael get physically ill to teach him something. . . . I couldn't stand it when I could do something about it.

When she is questioned by Mrs. Kerr as to whether her intervention was related to some facet of her relationship to Mrs. Stein, Eva responds:

Well, I don't think so, . . . it didn't have anything to do with mother and me as much as I feel something between Michael and father if something's wrong.

When asked if she thinks Michael shares her feeling of discomfort with parental affection, she displays an ability to differentiate between Michael's feelings and her own, and to sensitively intuit his response.

EVA: Maybe Mikey has a different feeling than I do because mother's affection towards Mikey is different from daddy's towards me. Mommy treats Mikey, . . . her affection is like a baby's affection, y'know. . . and Mikey resents that, but I don't think it's the same thing.

In a rare exception to her typically global denial, Mrs. Stein corroborates this perception of Eva's care-taker role towards Michael. She remarks in one session,

We gave her responsibility for taking care of Michael quite a bit when she was very little,

and in another session states this even more clearly,

She has always worried about him in the past. . . . If he had a fight with a kid outside, she'd run and tell us about it. She has always worried about Michael, way before this thing [the cake incident] happened. . . . It started from the time he was born, she worried about him. . . . We always burdened her with Mikey. She had too much responsibility with him from the day he was born. We had her baby-sitting with him She used to take care of him constantly. . . . It was too much. And to this day if he has a fight with a kid outside, she makes it her business.

This reference to "making it [Michael's fights] her business" expresses a critical aspect of the care-taker role. The care-taker makes

the other's pain his/her own business. It seems, in fact, as though s/he is unable not to make this empathic transformation. Recall the girl described by Minuchin et al. who becomes so "maternally worried" that she escorts her younger brother from the bus station in spite of the fact that her parents feel he can do this by himself.

The parentified child's responsibility as a care-taker to a sibling can also be seen in Steve's relationship with his scapegoated brother, Larry, in the Lewis family. Steve works feverishly to run offense for Larry against the parents and to support and defend him when necessary. In one session, Larry has been rebuffed by his parents and appears to have withdrawn, hopeless and depressed. Steve interrupts the adults to make room for Larry to talk, which prompts one therapist to ask if he is helping Larry or getting in the way.

STEVE: (very emphatically) Yeah, but Larry never talks, . . . he has his chance but he never talks about what he wants to talk about.

T2: And you're gonna help him out?

STEVE: Yeah, I'm gonna tell him that when he does have the chance he can talk.

T1 asks Larry if he sees this.

LARRY: No, I never can express what I feel, especially to dad.

T2: Now you're starting a fight again.

STEVE: No, he's not. He's just continuing.

At another point, the parents have described an improvement in their relationship over the past week. Larry, who later admits he feels as if they are drifting away from him, comes in as a "spoiler," trying to ruin the mood. T1 focuses on his resistance to change, his

being accustomed to getting attention by picking fights in the family.

LARRY: It's the only way I can get attention.

T1: That's right.

LARRY: (crying, pointing to himself emphatically) Because nobody else wants to see the way I feel about things.

T1 says he must talk about how he feels.

LARRY: I can't! . . . I can't do it to dad because dad always overpowers me. . . .

Both therapists try to convince Larry that he can talk to his parents and to attribute his sense of "drifting away" to this withdrawal on his part. At this point, Steve enters in, saying "Mom and dad have a lot to do with it too. . . . Ma keeps on saying. . . ." Therapist 1 interrupts and interprets this as Steve trying to "get into the act"-- that is, fighting. Steve asserts this is not his reason and continues.

STEVE: Like mom keeps on saying that she hates him and dad agrees and then dad keeps on cursing. . .

T2: What does she say? Mom says she hates Larry?

STEVE: That's what she says.

LARRY: Yes.

T2: She says that to Larry?

STEVE: Or, dislikes him.

LARRY: Yup.

MRS L: That I dislike him. Yes I have.

STEVE: Last night you just said that you hated him!

MR L: She was angry.

At another point, Steve, in tears, expresses his sense of injustice at Larry's angry outbursts at him and prompts Larry to acknowledge Steve's care-taker role.

STEVE: (crying, bewildered, hurt) Larry gets angry with me for no reason at all and I'm not even against him. Like he just did

about the dishes, like that he works more than me. And I never get angry with him. I mean for that.

MR L: You don't get angry at him.

STEVE: But he always gets angry at me. But I don't get farther away. I try to get closer to him.

MR L: I know you do.

LARRY: I feel Steve is the only one who likes me in this whole family.

STEVE: (turns to Larry) You feel but you don't do! [Pause. TI asks Larry to repeat what he said.]

LARRY: I feel that Steve is the only one who really loves me in this whole family. I feel that he loves me more than Dale, mom and dad (pointing, accusingly, at each in turn). I do!

More strictly in keeping with the literal meaning of parentification, the parentified child may also be called upon to act as a care-taker for one or both parents. Such a calling may involve any or all of the components we have already described--physical care, emotional sensitivity and active protection, defense and support.

When Mrs. Stein is asked if she ever cries, she answers that Eva says she cries about one a week. By answering in this way, she may be playing the martyr, too selfless to describe--even notice--her pain herself but, in any case, she tells us that Eva notices her pain and is aware of it. Eva then identifies the source of Mrs. Stein's distress--the bookkeeping for which she is responsible.

EVA: She complains that they're too much on her and that's when she cries. [Mrs. Stein tries to minimize the problem.] She worries too much.

Eva's role as care-taker for both parents is most dramatically exposed when they discover that each has experienced Eva as having been "on his/her side" for years. She has so successfully comforted and supported each one separately that both assumed s/he was her sole charge.

MRS S: . . .many a time she came to me to comfort me, and she'd speak against him. Not in a horrible way, but in a way to make me feel a little better.

EVA: In all the fights you and daddy had, who did I defend all of the time? Whose side did I take 99% of the time?

MRS S: Basically, you took mine. You would tell me not to antagonize him but you would feel for me and not for him. . .

EVA: I took your side once and a while, but . . . 90% of the time I took his side.

Mr. Stein, at another point, supports this, saying "Eva always would verify what I said or come to my defense in the past." Eva may feel she favored her father but what is more significant is that both parents felt Eva was on "their side." Interestingly, in the family therapy sessions, Eva manages to support her mother most of the time.

In one early session, Mr. Stein criticizes his wife by insinuation, saying, "That's one thing I try to do, is keep my word with the kids." Mrs. Stein is duly triggered and Eva comes to her defense.

MRS S: I don't keep my word with the children?

EVA: Oh, she does too, daddy. She does, daddy.

Later she defends her mother against Mr. Stein's charges that Mrs. Stein is to blame for their present poor neighborhood.

EVA: Well, we have neighbors and sometimes we get into trouble and pick fights and everything, and dad says it's mom's fault that we picked the neighborhood. Yet how could she possibly know what the neighborhood was like. . . ? He continues to remind himself about Jersey. . .which wasn't half as good as he thinks it was.

In an early session when Eva is still somewhat skittish in therapy, Mr. Stein blames his wife for Michael's problems. Eva whispers to her mother who announces, "My daughter wants to mention that I'm blamed

for everything that happens." In a later exchange, Eva manages to respond in a way which supports both parents simultaneously. Mr. Stein says that recently his wife quiets the children out of consideration for him, suggesting broadly that she had not cared enough to do so in the past. Mrs. Stein says angrily that he just never noticed. Eva enters the debate at this point.

EVA: Daddy, I don't think there's been any change in mother, but I think maybe you've become more aware, 'cause ever since I can remember she's said, "Don't make noise. Father's taking a nap."
MR S: Maybe I'm just becoming more aware of it.

The parentified child's role as care-taker to a parent is evident in other families in this sample as well. Both opening and termination notes on the Gardner family refer to the eight-year-old boy's worry over and efforts to protect Mrs. Gardner. And in the Robbins family, 8-1/2-year-old Andy repeatedly comes to his father's defense when the latter is criticized by his wife and daughter. At one point, he interrupts a stream of abuse directed at his father and appeals to one of the therapists.

ANDY: Wait, wait. I want to talk to you. Same is a good man.
T1: Who?
ANDY: Sam, my father. He's a good man.

When Mrs. Robbins accuses her husband of never doing anything for her, Andy rushes in again to defend his father.

ANDY: Remember Wednesday night?! . . . Y'know something. Wednesday night my aunt watched me, remember? Daddy took you to the movies?
MRS R: (grudgingly) The first time in ten years. Took me out and he couldn't wait to go home.

Later Mrs. Robbins berates her husband for never teaching Andy any sports. Once again he leaps into the fray.

ANDY: (to his mother) You don't argue with him! He taught me basketball! I really mean it!!

MR R: Football.

ANDY: He taught me football and he taught me basketball and he taught me, like, ah, play golf and all that. He taught me them. You could even ask everyone around my street that he took me.

The preceding examples illustrate some components of the parentified child's care-taker role in relation to both siblings and parents. It is interesting to note in this context the "uncanny sensitivity" to others' feelings which many investigators of schizophrenia have observed and which some have related directly to a family constellation comparable to parentification. For example, Slipp notes:

In 1951, Lidz reported that the usual pattern he found with schizophrenia was not overt rejection of the child by the mother during infancy. . .but the use of the child by the mother to complete her life, with rejection threatened otherwise. The child then became burdened with the continued responsibility for mother's existence, having to develop an "uncanny sensitivity" to her feelings, and could not develop a separate identity (p. 381-382).

Searles' formulation of the attributes and responsibilities of the "symbiotic therapist" is remarkably similar. Noting that this concept "is of particular significance for psychotic patients," he suggests that instead of being able to develop a separate self, for this type of person,

life consisted basically in his postponement, as it were, of his individuation, in the service of his functioning symbiotically as therapist to one or another of his family

members, or to all collectively in a family symbiosis (1975, p. 98).

We will have more to say concerning the relationship between parentification and psychotic disorders in Chapter 8.

The remarkable or "uncanny" sensitivity of the parentified child is a concomitant of the care-taker role. It is analogous to what Sullivan referred to as "tenderness"--an almost visceral sensitivity to the experience, especially the distress, of the other. Ironically but predictably, we can get a better sense of the development of this sensitivity by considering the normal impact of a needy, dependent charge, such as an infant, on others. In the following passage, Erikson conveys this process quite well. We have only to mentally substitute the needy, dependent parent (or sibling) for the actual infant with which Erikson is concerned. In view of the preceding discussion, such a substitution scans remarkably well.

. . .the smallest baby's weakness gives him power; out of his very dependence and weakness he makes signs to which his environment. . .is peculiarly sensitive. A baby's presence exerts a consistent and persistent domination over the outer and inner lives of every member of a household (1959, p. 55).

The reader should bear in mind, however, that this hyper-sensitivity of the parentified child may well involve a distorted perception of the other, stemming from the pathological interdependence of care-taker and charge. One characteristic form of this misperception, in which care-taker activities become compulsive and intrusive, is discussed on pg. 158-159.

When the primary calling of the parentified child involves care and support of one or more individual family members, we can speak of the care-taker role. Another common calling involves responsibility to bridge or try to heal a serious relational breach in the family. This breach is probably most often, although not exclusively, between the parents. Nagy observes that

Even when children are not charged with overt care-taking roles, they may function as cementing agents, holding their parents' marriages together (p. 155).

But estranged or conflictual relationships may also exist between siblings, between parents and siblings or, again, extended family members present in, if not living with, the family. Parenthetically, such conflictual relationships may theoretically involve more than two participants but, even where this is the case, if the parties line up into two polar camps, the parentified child's task is essentially the same. Where alliances are less clear, more numerous and more fluidly chaotic, the tasks of the parentified child obviously change. We will refer to such situations below when we discuss the parentified child's responsibility for the family as a whole.

Here too, the specific responsibilities which accompany this role may be exercised in a variety of ways. The parentified child may be called upon to translate between battling partners, to mediate disputes, to literally stop fights which the embattled dyad experience as uncontrollable. The child's role may be to encourage the partners, to embody hope for the possibility of reconciliation, or to fulfill more of an executive function by giving advice and trying to solve

problems, acting in many ways like a therapist for the dyad. Or, the parentified child may be called upon not so much to heal such a relational conflict as to help maintain it by filling the breach it creates. S/he may do this by carrying messages between members or by serving in more complex ways to "pick up the slack" created by these estrangements. In all of these cases, we can describe the role of the parentified child as that of a "go-between" (Nagy, 1973). Some illustrations of these various patterns follow.

Case records for the Stein family observe that Eva

functions as an arbitrator for the parents. She has been quite active in intervening in her parents' arguments in an effort to save their marriage.

We have already described instances in which Eva serves as an ally for both parents. In one instance already cited, when Mr. Stein implicitly accuses his wife of being inconsiderate to him in the past, Eva quite skillfully manages to support both her mother's efforts at consideration in the past and her father's present flexibility in being able to recognize this. In so doing, Mr. Stein is able to hear and acknowledge what Mrs. Stein said earlier but he could not then accept. Eva functions as a sort of marital therapist for her parents when she gives her father advice on his demonstration of affection in the home. After she expresses discomfort with his physical affection towards her, he asks why she feels uncomfortable. She responds, "Because you should show that affection to mother instead of me. And now you're showing it all on me and you certainly don't show any of it to mother."

In the Harris family, Brian, only 7-1/2 years old, does the best

he can to improve his parents' conflictual relationship. In one session, as the couple's tone and the mood of the session becomes more and more full of despair, Brian tries to divert their attention by: shifting in his seat, sitting up in the air and plopping back down, making noises with his mouth, banging and swinging his feet, and clowning conspicuously. When his mother cries, he reacts noticeably and finds a tissue for her. At one point, the therapist is forced to attend to him and ask if it is OK to continue. Brian is seated between his parents. The therapist ascertains that he chose that seat. In order to remove him from the "line of fire," she asks if he would like to change seats with one parent. He replies, "That's the way this family should be lined up." The therapist asks if he means with him in the middle. He laughs and nods yes. The therapist asks if he doesn't want to move; he indicates he does not.

When the parents begin to discuss their anger towards one another, Brian again diverts their attention. When his mother mentions the month of June, he starts talking about his up-coming class trip in that month. The therapist asks Brian how he feels when his parents are angry. He says, "I wish I had earmuffs so I could put 'em on when there's all that screaming in there." In this context, Mr. Harris mentions that when he and his wife argue, Brian "usually tries to butt in or come over and hug one of us." Therapist 2 asks if this has any effect. He replies, ". . .the times that we have [fought], when he's done that, that usually does slow it down or stop it."

This is graphically demonstrated when, after a long interchange between husband and wife, dripping with controlled anger, Mrs. Harris

finally cries and expresses her sense of futility outright. We feel (and the therapists note) that she has finally expressed a real gut feeling. Brian talks up.

BRIAN: Now you're talking.

MRS H: What?

BRIAN: Now you're talking.

MRS H: See, now I'm talking.

Therapist 2 asks Brian what he means.

BRIAN: (shyly, liking the attention, but covering his face) She got all the stuff out of her, that she wanted to say.

Therapist 1 asks him to explain.

BRIAN: Just dragging some trash right out of your throat or something.

Mrs. Harris is touched and cries. Both therapists draw Brian out further. There is a sense among all the adults of bright, laughing appreciation for this unexpected and perceptive statement. Brian adds, "Now I'm talking." What stands out in this sequence is not only that Brian understands the catharsis his mother has experienced, but that the whole mood of the room has lightened. The pain and despair of the preceding discussion has been, at least temporarily, replaced by a sense of possibility, almost joy. It is noteworthy that soon after this moment, when his parents have sunk back into their depressed lethargy, Brian gives several indications of hostility--pushing against his father's arm, seeming to punch or almost punch his father's leg and making an ambiguous but angry-sounding remark. Obviously we cannot be sure, but it may be that these signs express a sense of protest

and resentment at having to exercise this function or at failing in it so predictably.

In the Lewis family, as described earlier, Steve serves a similar role and even greater powers are attributed to him. As he asserts and as his parents emphatically corroborate, he can "stop the fights." This family is of special interest here for two reasons. Firstly, because another relational breach exists in addition to the conflictual marital relationship and, secondly, because the "uses" of Steve to fill this breach are somewhat more subtle than those we have observed so far. While both parents actively scapegoat Larry, it is obvious that the relationship between mother and son is more blocked, antagonistic and poisoned, by her transference and his unmet needs, than that between father and son. We have already heard that Mrs. Lewis tells Larry she dislikes and even hates him. She says herself, as though confronted with an insurmountable obstacle, "I can't talk to Larry. I can't, Dr. T. I can't talk to Larry." In a situation typical of scapegoating, the parents, although they bait Larry, find it unpleasant to interact with him. His provocative and obnoxious behavior expresses his sense of deprivation and injustice and must remind them of their failure towards him as parents. Steve becomes their means for escaping Larry.

- MR L: I know that Larry's harder to get. . .to do things than Steve.
- MRS L: And rather than argue a lot of times. . .
- MR L: Rather than arguing. . .
- MRS L: I'll turn around and say, "Steve, do it for me please."
- MR L: I did it last night!

Mr. Lewis proceeds to explain how, when he returned from taking Steve to the doctor, he found Larry had done only the bare minimum of his chores.

MR L: And Larry was upstairs. Whatever he was doing I didn't want to go see and I didn't want to argue with him. And I asked Steve, I said, "Steve, I know you don't feel well. I'm going out to get your prescription. Would you please help me out now and clean the table off, and wash the dishes or finish in the kitchen?"

MRS L: Like I'll say, "I don't want to ask Larry. I don't want to get in an argument with him. Would you set the table?"

T2: That makes Steve responsible for you and Larry not fighting! . . . Steve gets used as a peace-maker. If he'll do the dishes, then you won't have to fight with Larry. So Steve, it's your responsibility to keep this family not fighting. That's sort of sad if the best he can do in this family is to keep the peace. That doesn't give him much space for himself and his own feelings. . . . Steve has been picking up a lot of the slack in this family for a long time.

This excerpt suggests that the responsibility of the parentified child may extend not just to one or more individual family members or even to dyadic relationships between members but, indirectly or even directly, to the family as a whole. Steve keeps the whole family from fighting. As Therapist 2 points out,

T2: Steve. . .ends up being responsible. Right? He's taking care of Larry; he's gonna take care of his parents.

MR L: He takes care of Dale. . .

T2: So here's Steve, sort of holding things together. And at some hurt to his insides.

The parentified child may be charged with responsibility for the survival of a "captain"-less, drifting family, the integrity of a relationally-torn, centrifugal family, the "repair" of a crisis-torn family, or the resuscitation of a stagnant, depressed family. These

configurations are often dramatically illustrated when families are "sculpted" with one member, like Atlas, supporting all the others or, instead, trying to hold together members who are pulling away in opposite directions.

Both these callings can be seen in the example cited earlier from Minuchin et al.

. . .Margaret is concerned not just for her mother but more basically with keeping the family together. . . . she . . .is obsessed about getting a job to "fix" the family (p. 228).

Eva also tries to "fix" the family in her own way--that is, by her work for the family in their therapy sessions. Eva, with one or two very minor exceptions, is the only member of the family who asks questions and pursues answers in therapy. On numerous occasions the impetus for direction and progress in the family and the group comes when Eva breaks into a hopeless and familiar stalemate to raise a real issue. We have already seen her acting as a sort of marital therapist for her parents. In another session when Mr. Stein expresses confusion as to how to deal with her changes, she tells him he will have to find a new way to relate to her. Therapist 1 refers to "the child's leadership. . . . The child drags the parent, until the parent has the courage to face it in himself." In a later session, he summarizes the situation neatly.

T1: What is Eva's role? . . . Is she a child? When we see the family here, usually Eva is the one who has the courage of making a step towards something that might bring progress in the family.

Clearly, Eva's work in therapy has several motivations, including the personal validation and support for individuation she experiences in that context, her strong identification with the therapists, and the validation of those therapeutic skills which she has developed in her role as parentified child. But in addition to these factors, it is obvious that Eva is working in therapy as she has been shown to work at home to sustain and perhaps to "fix" the family.

Ben appears to serve a somewhat similar function in the Rosenberg family. Henry observes:

. . .he has been chosen by the others to be a girl. They need someone with the gratifying capabilities of a woman, without Mrs. Rosenberg's nagging and violence. Mrs. Rosenberg needs someone to keep her company and to relieve her of the burden of being a woman; someone to help her take care of the family and of the house (p. 169).

Lacking a truly feminine figure in the house, Irving and his father have turned to Ben, whose qualities of yieldingness and softness are lacking in the mother. Thus, in his curious way, Ben makes living in this house possible. While Irving is everything the parents fear and despise, Ben symbolizes what everybody longs for (p. 185).

In a family remarkably lacking in affection and warmth, Ben provides what little there is for his brother and parents. In this way, parentified children often come to embody those qualities, such as caring, concern, hope, vitality, and dependability, whose absence makes life so empty or unbearable in the family. Instead of being shared, distributed or traded off among members, it is as though these qualities were siphoned "out" of them and "into" the parentified child whose autonomous needs are neglected in his/her responsibility to dutifully collaborate in this drama.

The previous discussion has focused on some of the most common roles and responsibilities exercised by the parentified child. In so doing, it approaches parentification from a functional level of analysis. But parentification must also be examined from an ethical level of analysis, one which is concerned with the balance of justice between members of a system. It asks not "Who does what?" but "What is the nature of reciprocity between members?"; "Are acts of devotion repaid?"; "Is exploitation repaired?"; "Can the system correct for inevitable, temporary unfairness?"; "Do all members experience others as sufficiently accountable to merit a basic sense of trust?". At this level, parentification is seen as a relational configuration which involves a fundamental imbalance of reciprocity. Since detailed illustrations of the responsibilities, callings and sacrifices of parentified children have been offered throughout this paper, it will be unnecessary to repeat these illustrations in equal detail here. Instead we will refer back to them in conjunction with additional data on the lack of reciprocity experienced by the parentified child. In this way, we hope to communicate the ethical context in which these sacrifices and responsibilities are embedded.

Reciprocity, as well as its violation, takes many forms. Its context is a dialogue of actions between members but its "coin" is remarkably variable. Reciprocity entails mutual accountability. But accountability for what? Some fundamental elements of this accountability, especially in a parent's relationship to a child, would appear to be: to at least attempt to consider the other's experience, to be available to meet some of the other's needs, to protect or de-

fend the other, to aid, support or help the other when called upon, and to share control over the definition of mutual expectations, rights and obligations--in other words, over the terms of the relationship. In the families of these parentified children, accountability flows unevenly. This has been implicit in all the preceding discussion and can be made explicit here by summarizing and supplementing data already presented.

In the Rosenberg family, Ben is Irving's "slave," his care-taker. He performs various chores for Irving, such as cooking, cleaning, washing, running errands, etc. He is available as an object for Irving's needs--his dependency, his need for a positive self-definition and his need for an object for his anger. Ben expresses concern for Irving in his anxious mothering. And although Ben obviously derives some satisfaction and sense of identity from this arrangement, he actually receives very little in return. Irving's actions towards Ben are, with few exceptions, consistently selfish. Henry cites a typical example in which he observes Irving ask Ben if he wants some orange juice. Ben turns to Henry and says, "Irving wants me to drink up what is left of the orange juice so he can make lemonade in the container." Ben declines. Irving makes the lemonade anyway and a mess in the process which Ben cleans up later. Irving offers lemonade to no one. Henry observes:

Knowing how selfish his brother is, when Ben is suddenly offered something he surmises it is not out of solicitude, and a few minutes later Irving reinforces skepticism when, having made lemonade, he does not offer any to his brother (p. 132).

In their play together, the "power of definition" over the terms of the relationship is consistently in Irving's hands. Ben is the foil for Irving's imagining himself, in play, as a big league pitcher. Irving badgers Ben for moving too slowly at chess; the game is to be played at his speed.

Irving blames Ben for crossing him, and in this view Ben deserves to be punished. What is so striking is the exclusively internal, personal definition of the relationship, and Ben's failure to take a strong stand against it (p. 152).

Henry comments,

Ben has learned to give in, has filled himself with the needs of everyone else but has become empty to himself, and this emptiness afflicts him like an illness. . . . In the Rosenberg family we see how the search [to balance needs] has become a catastrophe--Irving giving nothing and Ben giving so much that he has nothing left for himself (p. 166).

This relationship reminds us of that between the Lewis brothers where Larry, like Irving, is a miserable, scapegoated child. We recall the moment when Steve pours out his sense of unfairness and bewilderment at Larry's treatment of him, crying that Larry gets angry at him and blames him for things when Steve never gets angry at his brother and is the only family member who tries to get closer to him.

The lack of reciprocity experienced by the parentified child is even more clear in the Stein family. Eva is sensitive to her brother's feelings, she worries about him, cares for him, protects him. She is sensitive to both parents' feelings, shows concern over her mother's distress, defends and supports both parents. She tries to

help them in their marital relationship and works for the whole family in therapy. She receives very little in return. Neither parent demonstrates an ability to consider Eva's distress. When, in an interchange already cited, she sobs out her sense of being denied as a person, her parents make no effort to help her and their indifference to her pain is noted by others in the group. She understands that, in the family system, she is on her own. This indifference is reminiscent of Margaret's family described by Minuchin et al. They observe that

During the sessions, any allusion to the parental conflict makes her cry profusely. She becomes mute, and looks very pained and distant. During the office fights, while she cries, the rest of the children appear unrelated, indifferent-looking, or busy as a tight, playful affectionate subsystem (p. 228).

Nor are the Steins any more able to respond to Eva's assertions of autonomy, her observations and interpretations of situations. We have seen how Mrs. Stein permits Eva to talk but invalidates her observations and her credibility, while Mr. Stein is so threatened by her perceptions that he tries to forbid her to speak, attempting to overpower her with argument or, if all else fails, with "authority." Nor is she protected from the fallout of the marital battles by either parent, nor from either parent by the other. Mr. Stein, as he often says, no longer tries to control his wife and, like Mr. Rosenberg, with only token protest gives his wife a free hand with the children. Similarly, Mrs. Stein, who asserts she feels her husband unfairly restricts and overpowers Eva, has only this help to offer

her.

MRS S: In the past there were other incidents. . .and she has come to me for comfort. . . . But all I have done or can do is to tell her that we all have our good and bad points and we have to be accepted with each, that's all.

The clear implication here is that Mr. Stein must "be accepted" by Eva, not the reverse. These parents have an unspoken agreement to allow each other to exploit the children in the method of their choice.

The lack of reciprocity can be observed also in discrepancies between demands expressed by family members in the home. This topic is raised in one of the Stein family sessions, in the context of a discussion of Michael's extreme demandingness. Michael, severely infantilized, cannot sleep unless one of his parents lies down in bed with him, talks or sings to him, or takes him into their bed. At the age of nine, he waits in the bathroom for one of his parents to wipe him which he supposedly cannot do for himself. His practically insatiable demands are suggested in the following excerpts.

MRS S: He calls me and I give him a drink and I soothe him and sometimes he asks me to lie down with him. And if I tell him "No," immediately he says, "Well, I'll stay awake all night then because I had a bad dream." . . . Cause I've seen him keep himself awake. . . . Now, he used to do something that I talked him out of. Before he would go to sleep, he would say, "I'm having bad dreams." (laughs) It took me about three months to talk him out of that, but I finally convinced him.

EVA: Michael watches TV and I want to practice piano because I have to and my brother say "after this program, Eva" and then doesn't stick to his promise.

MRS S: But I make him, don't I?

EVA: (grudgingly, half-hearted) Yeah, lately.

T2: Why do you have to make him?

MR S: Because no one else does.

MRS S: There are certain favorite programs a child has.

EVA: Every program's his favorite program.

Therapist 1 points out that, by contrast,

Eva seems to have no demands.

MR S: I think with Eva there's a little more consistency and unity with us.

T1: Does she have any demands?

MRS S: Once and a while she might ask for a little water.

EVA: No, I get it myself.

MR S: Eva's a little more self-sufficient than Michael.

Remarkable here are how little distinction the parents make between their children in this area, how absurdly Mrs. Stein attempts to demonstrate Eva's demands, and how quickly Eva torpedoed even this pathetic assertion. At another point, Mrs. Stein is again trying to show that Eva, like Michael, gets her own way. Mr. Stein is exercising his typical role of making a token defense of Eva, at least partially in the interests of attacking his wife.

MRS S: When she says quiet and that's on [a favorite television show], everybody's quiet.

MR S: (tight-lipped anger, slowly for emphasis) Because that's the only demand she makes.

Mrs. Stein agrees weakly.

A brief episode which takes place when a session has ended and the members are getting ready to leave provides an illustration of the differences between Michael and Eva in their level of demands and of Mrs. Stein's typical response to each of them.

MICHAEL: (excited, pleading) Mommy, can we go outside? Oh! Can we go outside?

MRS S: I said when school's over.

MICHAEL: Oh mommy, please (cute, pleading tone).

MRS S: (suddenly softening) Oh, Mikey, no.
 MICHAEL: (more defiant) Mommy, why not? . . . (whining) Mommy, I want to go outside for a little bit!
 MRS S: In a couple of weeks, Michael.
 MICHAEL: (a howl of protest) No!!
 MRS S: (harshly) Get your feet up from under that rug!
 MICHAEL: No!!
 MRS S: (louder) I said get your feet out from under the rug!
 MICHAEL: (defiant) Why should I?
 MRS S: Because you're not supposed to sit there, that's why. Good enough answer?
 MICHAEL: No.
 MRS S: Because I told you to, now quick! No, you can't go out.
 MICHAEL: I'm going outside.
 MRS S: Better not.
 MICHAEL: I am.

At this point another adult intervenes and tries to reason with Michael. Eva's brief interaction with her mother, in the midst of this exchange, provides a telling contrast. She asks her mother whether she should study some work for school or not. Mrs. Stein responds quickly, brusquely and rather coldly, "I don't know what to tell you, Eva." End of interaction.

It is obvious from the data that both parents, but especially Mrs. Stein, actively encourage Michael's insatiable demands. Mrs. Stein induces regressive dependency in Michael (which satisfies her own needs) and then, with good reason, experiences him as an uncontrollable force which can be placated only by capitulation. So Michael's induced but real manipulateness becomes the interpersonal rationalization for Mrs. Stein's own covert needs. There is, therefore, an inevitable complementarity between Mrs. Stein's over-indulgence of Michael and her under-indulgence of Eva. This complementarity is again constituted by a dialectic of actions and expectations. As Michael is indulged, he comes to need more and is experienced by his

mother as more needy; as Eva is neglected, she becomes satisfied with less, and experienced as less needy. Expectation of need and gratification of need are co-constitutive and, together, generate the complementary positions of the two siblings. Eva must come up with "the short end of the stick." In most immediate situations and over the long term, Mrs. Stein will respond to Michael's needs over Eva's because they are so much more urgent and absolute for her. As she continues to respond, they will become that much more so.

In one session, Therapist 1 asks Mr. Stein who is the most reasonable member of the family.

MR S: There isn't. [Therapist 1 presses] I'm ego-centric. I'll say me.

Therapist 1 presses again--not Eva? In a qualified and half-hearted tone, Mr. Stein responds,

Yes, reasonable for a child.

MRS S: And I think I am.

MR S: Naturally.

T1: Because here, Eva seems to be the reasonable one, in that she is willing to consider others, and not demanding, almost too good to be true.

EVA: Oh, my brother and I have fights.

MRS S: (interrupting) Oh, they argue, they argue.

Therapist 1 asks about demands on them as parents.

MRS S: Oh, she wants to go bowling sometimes. Don't think she's angelic.

MR S: (softly) No, she's not angelic.

MRS S: Besides, an angel in our house would be lost, I think.

In view of Mrs. Stein's refusal to acknowledge Eva's sexuality, it would seem that Eva can be allowed neither the credit due an angel

nor the needs of a human being.

In this last remark, Mrs. Stein touches on a crucial point. The parentified child may not be an angel (although, as suggested, s/he is often forbidden to be anything but angelic), but s/he is, in a variety of ways, "lost" in the family. The parentified child "loses" in terms of an imbalance of reciprocity. S/he is "short-changed." In another sense, the parentified child is "lost" as one might be lost in a storm--over-looked. This brings us to a discussion of the possible effects of parentification on the parentified child.

CHAPTER 7

Effects

This chapter is concerned with the effects of parentification, which means, in essence, its negative effects. We have already alluded to possible positive effects of parentification, including its role in the development of responsibility and care for others in the child and its contribution to his/her emerging sense of identity and, perhaps, competence. However, unless these developments take place in a context of balanced reciprocity and mutual accountability, their potential contributions will be overshadowed by the significantly harmful effects of parentification. In keeping with our focus on the pathogenic form of parentification, we will concentrate in this chapter on these harmful effects. However, two qualifications are in order.

First, conclusions about the effects of parentification, especially in light of the limited empirical data available here, must necessarily be tentative and hypothetical. Without access to either longitudinal data or data from a much larger number of families, we can only make tentative guesses about whether the processes we observe in these families will result in certain configurations for the parentified child and whether certain observable results can, in fact, be traced back to the relational structure of parentification. Nevertheless, in spite of this uncertainty, it is considered worthwhile to try to state some assumptions about the probable impact of parentification on the parentified child, both during childhood and, by impli-

cation, in later life.

Second, it would be foolish to assert the inevitability of such effects, and no such assertion is here intended. The continuing life of the child may offer a variety of opportunities--for changes in other family members and consequently in the family as a whole, for new relationships for the child, and for creative adaptation by the child (and later, adult)--which may help him/her to transcend limitations imposed by early parentification. Actual family or individual therapy represent only one form of such opportunities. Strong attachments with significant adults or peers, including an eventual spouse, may also provide resources and a context for necessary growth and rebalancing. With this in mind, the effects of parentification to be discussed are seen as logical consequences of the pressures, binds, and prolonged imbalance of parentification--possible, even probable, but by no means, unavoidable, consequences.

One serious constellation of effects resulting from parentification involves the impairment of the child's individuation and autonomy. The normal developmental processes of differentiation of self, increasing self-definition and self-direction, and transfer of loyalties to new relationships may be significantly impeded if not crippled by parentification. Parentification sabotages the "liberating dialectic" referred to by Stierlin. We can discuss a variety of immediate causes and consequent forms of this impairment of individuation.

The induction through attribution and the mystification of the child--what Stierlin referred to as "ego-binding"--interfere with his/her ability to correctly perceive and trust his/her own perceptions, thoughts, feelings, and even actions. S/he is more likely to doubt his/her own experience and to remain dependent on the reflected attributions and appraisals of others. In other words, the child's self-concept is rendered more vulnerable to the external vicissitudes of interpersonal relationships. Similarly, the manipulation of loyalty, excessive guilt and responsibility ("superego binding") makes moves towards self-definition and individuation which threaten the parentified child's "charges" tantamount to acts of betrayal. The sense of abandoning a helpless dependent--whether it be parent, sibling, marriage or family as a whole--can so overwhelm the child that normal moves towards independence and new relationships become impossible. It is not uncommon in cases of a child's school phobia to discover an extremely dependent parent who covertly encourages the child to stay at home. In terms of relationships outside the family, Nagy's earlier observation is instructive.

The parentified child is in an especially difficult position in considering new commitments like marriage or parenthood. Not only may he violate the loyalty of belonging but also the commitment to caretaking (p. 161).

For this reason, it may not be uncommon for the parentified child to experience the devastating and potentially self-destructive "breakaway guilt" as a separating adolescent which Stierlin describes. In this way, ego-binding and superego-binding conspire to keep the parentified

child available to the family or to specific members as an object and not a person.

This thralldom to the family represents both cause and effect of the impairment of individuation. Out of his/her excessive sense of responsibility for the survival or stability of family members, the parentified child is overly invested in the family and finds difficult the transition to roles and relationships outside the family. As a result, the parentified child is often isolated from peer contact. When the subject of peer relations comes up in the Stein family sessions, Eva reluctantly explains,

Well, . . . I don't go out to, y'know. . . . I'm rather shy and I sort of like to keep to myself. And once I learn, if there's a group, once I learn the ways of the group and what I'm expected to do and what I'm not expected to do, like school and the class room, once I learn about it, I follow it. And there isn't any trouble. I don't get much from them. I don't give much. . .

T3: How would you like to feel with these people, Eva?

EVA: Well, in the past four months, I've been quite at ease with them. I've been getting along better. . .

T3: That's how you feel now with them?

EVA: (weakly, unsure) I think it's OK. [silence]

T3: You say it with a question-mark. I don't know.

EVA: (same tone, unconvincing) I think it's OK.

Jules Henry observes a similar isolation on the part of the Rosenberg brothers.

Their mother says they enjoy so much being with each other that they don't need other children (p. 133).

Except for the necessary trips to school, close to home and for private games with a small rubber ball on the pavement outside their home, Irving and Ben did not go out. While I was there, only one friend phoned, and the brothers called no one. . .once away from school they had practically no one but each other, their parents, and a (despised)

teenage male relative . . . (p. 129).

Andy Robbins and Davie Gardner are both described in case records as having poor peer relationships. This dialectic of investments is self-perpetuating. The parentified child's investment in family relationships increases his/her isolation in the peer world and his/her discomfort with this isolation reinforces investment in the family.

A similar dynamic operates in terms of the parentified child's pseudo-maturity. We have already seen data illustrating this quality of the parentified child in Eva Stein, Andy Robbins and Davie Gardner. Eva, we recall, was even dressed "like a little old lady" by Mrs. Stein. This pseudo-maturity seems likely to further alienate the parentified child from age-mates and, in so doing, to deprive him/her of an exposure to more age-appropriate models which might counter these precocious patterns.

By impeding the transition from familial to social roles, parentification deprives the child of the resources available in the peer network and in close friendships. Both Sullivan (1953) and Erikson (1959) describe the important contributions these relationships can make to the healthy development of the child--in correcting idiosyncratic and often incorrect impressions about the world and the self, and in contributing to a sense of identity, self-esteem and belonging in the wider world beyond the home.

A related facet of this impairment of individuation concerns the impact of parentification on the child's identity. And while it was stated earlier that parentification may initially contribute to a

sense of identity in the child, in the context of prolonged unilateral demands for care and responsibility, parentification constitutes a major obstacle to the child's ability to fashion an autonomous, self-directed identity. Slipp expresses this quite clearly.

. . .the child does not learn to . . .experience a total sense of self or self-awareness apart from the family. Thus, he does not form a stable, autonomous and permanent mental image of himself, and continues to be excessively influenced by his ongoing family relationships. Not having sufficiently developed self-esteem and ego identity, the identified patient is unable to be spontaneous and assertive, but remains constantly reactive to others. In addition, we repeatedly noted that the identified patient needs to perpetuate this . . .pattern, since otherwise he fears he would cease to exist. . . . Thus, his self-definition continued to remain reactive and relational, i.e., he continued to remain excessively dependent upon his family relationships for his self-esteem and ego-identity (p. 378).

Parentification encourages the creation of an identity around, as it were, an external hub. This is most dramatically illustrated in some of Jules Henry's observations of Ben when he is alone and when he is with his brother.

Since Ben had no school after 12 o'clock, afternoons were long drawn-out, excruciatingly empty and boring and he started to exist only when Irving came home (p. 132).

After lunch. . .I found Ben sitting downstairs on the sofa in the living room staring into space and twiddling with his glass marbles. Then he got down on his knees by the ottoman on which there was a newspaper open to an ad for some dry goods or drugstore and he read that. . . . He went to the door and looked out (p. 167).

After. . .Irving had left, Ben wandered in a do-less, aimless way, first fingering his marbles and then putting them on the floor and playing with them in a half-hearted, not very competent way (p. 166).

I asked Ben what he does with his spare time, and it seems he does nothing with it. He says he gets very lonesome in the house (p. 166).

I just came back to my room from a half-hour of watching TV with Ben. . . . It's obvious that he didn't get much out of the picture because he spent so much time looking away. . . . At one point he said, "Only six hours to go," meaning that there were only six more hours to the graduation ceremony. Sitting there with Ben, I had the impression of oceanic boredom. . . (p. 166).

In a similar vein, Henry offers at one point to take Ben to a delicatessen.

I asked him whether he would like some pickles. He thought for a moment and then said, "I don't think Irving needs any." I asked him if he wanted something, and he said, "I don't need anything" (p. 131).

Henry comments on this boredom and emptiness.

When Ben is alone he aches with time; only when his brother comes home does this pain leave him, for since he cannot stand freedom-in-time, his bondage to his brother is sweet (p. 167).

Ben has learned to give in, has filled himself with the needs of everyone else but has become empty to himself, and this emptiness afflicts him like an illness (p. 166).

Irving is the metaphysic of Ben's existence for Irving's dependence and even his tyranny give his brother a reason for being. Irving is Ben's flight from nothingness (p. 132).

Irving is existence, and when he is not present, Ben does not exist as a self (p. 167).

Over time, the parentified child may come to experience him/herself as incomplete without his/her charge. S/he may, with good reason, know of no way to be, alone or with another, other than as a caretaker or a go-between. Once this state of affairs can be said to

exist, it provides in itself, as already suggested, a powerful inducement for the child to collude in perpetuating his/her parentification. S/he may come to feel s/he is nothing without it.

The "success" of this development depends on a particular con-
striction of personality which is another negative effect of parentifi-
cation. Its sources can be described in several ways but their com-
mon effect is to allow only certain, typically "positive," traits and
roles to be accepted as aspects of the parentified child's identity.
Returning to Erikson's concept of initiative, whereas it was suggested
earlier that parentification both nourishes and is nourished by this
sense of initiative, here we must note that it is not initiative per
se which is strengthened but a selective and conditional form of ini-
tiative. Namely, initiative for those activities which support, pro-
tect and care for family members. Other forms of initiative, such as
forming new relationships, being adventurous in the interests of play
and recreation, developing skills related to school and peer group
activities, may be ignored, covertly or even overtly discouraged to
the degree that they conflict with parentified responsibilities. Whe-
ther initiative is "good" or not becomes conditional on whether or
not it serves the others' needs and interests, not the child's. For
example, Minuchin et al. note that

Margaret is understandably phobic about seeking life or
relationships outside the home; she has trouble making
friends and is obsessed about getting a job to "fix" the
family (p. 228).

In other words, over the long run, the child suffers a real loss

of personal autonomous initiative. Erikson himself suggests such a possibility in discussing the role of guilt, which we can relate, at least in part, to the family's active discouragement of "bad," i.e., non-parentified, initiative.

The consequences of guilt aroused at this stage [initiative vs. guilt] often do not show until much later, when conflicts over initiative may find expression in a self-restriction which keeps an individual from living up to his inner capacities or to the powers of his imagination and feeling. . . (p. 81).

The child may lose the ability to see him/herself making choices and the growth of self-esteem and self-confidence which accompany such perceptions.

Burdened with the "commitment of the care-taker," discouraged from autonomous activity and often restricted to the relational world of the family, the child may lose the flexibility to experiment with different roles and identifications, to feel free to "try on" and discard different personalities in a gradual, if tentative, process of identity formation. Because the price of such vital experimentation is so high the child may be forced to settle for the identity s/he has evolved in the family. Again, Erikson indicates a similar process when he describes the danger that

. . .his sense of identity can remain prematurely fixed on being nothing but a good little worker or a good little helper, which may not be all he could be (p. 88).

More specifically, one common form such constricted identities may take in parentification involves characteristics of competence and

"goodness" (essentially, compliance and selflessness) and the dissociation of a host of other traits or facets of personality. Slipp offers an excellent description of this process.

. . . even a positive introject projected onto the child [such as the "good parent"] was found to be damaging. Acceptance was so conditional on being hyperfunctional, there was no tolerance for failure or inadequacy. Thus, the child had no authentic base to develop legitimate self-esteem and needed to dissociate divergent feelings and thoughts. The child felt compelled to incorporate only the good introject and could not spontaneously identify and integrate aspects of his parents that he selected in order to achieve an autonomous identity (p. 386-387).

Experience of self as needy, rebellious, mischievous, angry, resentful, overwhelmed, troubled, or confused, and the expressions of such facets of personality may be implicitly forbidden.

In view of earlier discussion, we should expect the parents' attributions, which play an important part in the child's induction into the parentified role, to constitute a significant vehicle for this selection of acceptable traits. Some of Jules Henry's observations of Mr. and Mrs. Rosenberg's attributions and mis-attributions concerning their sons are instructive in this context. Henry cites several instances in which the boys are fighting and, although Ben is observed by Henry both to provoke fights and to enjoy them, Irving is blamed by the parents. In one instance, Ben provokes an attack by hitting Irving and when Irving tries to quit, Ben provokes him to continue. Mr. Rosenberg rushes out to stop the fight.

Then Irving got sore because they blamed him, and Mr. Rosenberg said, "You're stronger. Why should I blame Ben?" (p. 146).

This mis-attribution and its subsequent transmutations illustrate an escalating dialectic of attributions which transforms a fleeting individual mis-attribution into a virtually indestructible family myth. The following evening when relatives are visiting, Mrs. Rosenberg's brother asks Irving why he attacked Ben. Ben interrupts, saying he enjoyed the fight. The relative then accurately observes to Mr. Rosenberg, "So obviously your interference was entirely unnecessary and uncalled for."

Mr. Rosenberg said that Irving was in the wrong--since he was on top, he must be in the wrong. But actually, when he came out to interfere, the boys were lying side by side on the ground. Mr. Rosenberg said that he was afraid Irving would injure Ben--that he might throw a knife (p. 138).

So, mis-attribution is compounded by mis-perception and, so far as we know, completely unfounded expectation. Later, mis-perception becomes foundation for further mis-attribution when Mrs. Rosenberg discusses the fight with Henry.

In talking with me in the kitchen Mrs. Rosenberg said that what made Irving mad was being confronted with the fact that he must have been the aggressor, since he was on top (p. 139-140).

The sequence has come full circle, from initial to secondary mis-attribution. In the process, several transformations have been effected. An initial mis-attribution by one parent has hardened into a piece of "accepted family history" shared by both parents. Now granted the status of fact, this error is employed as explanatory proof! . . . in order to further blame Irving for his anger at the initial mis-attribution.

bution! . . . and thereby to exonerate both Ben and his parents from any blame.

Henry comments that

. . .since the fights are common, occur a couple of times a day and have been going on for a long time, strong forces must be at work compelling the parents to see Irving in the wrong (p. 141).

In a similar incident, he observes that

. . .the parents, each ascribing different motivations to Irving, discuss the dinner-table argument as if it revolved entirely around him, though Ben was involved too (p. 158).

These incidents suggest a dialectic of attributions--specifically, blame--in which one family member is made "bad" in inverse relationship and to the degree that another is made "good." Ben and Irving share responsibility for fights they both enjoy. But in their parents' eyes (and so eventually in their own, to some extent), Irving is the "bad one" and Ben the "good"; Irving the attacker, Ben the victim. Such mis-attributions, ironically appearing to "spare" the parentified child, may serve to consign him/her to a sort of straight-jacket of identity in which only a narrow segment of his/her potential can be expressed and experienced.

In summary, parentification impairs the individuation and autonomy of the child by interfering with his/her awareness and trust of his/her own experience and by disconfirming the child when s/he attempts to pursue his/her own needs; by keeping his/her identity essentially relational and reactive, by tying the child to the orbit of the home and by depriving him/her of the opportunities, resources and

increments in self-esteem which may accompany extra-familial relationships and roles. In addition, the child is discouraged from expressing or experiencing potentially healthy traits which may conflict with the parentified role as the parents and other family members see it. S/he may lose the flexibility to experiment with tentative roles and identifications in the gradual development of a satisfying sense of identity.

Parentification impairs the child by not permitting him/her to really be a child. In so doing, it seems likely to undermine later development as an adult. Whatever initial "reserves" of trust and autonomy may have been acquired during infancy may later be undermined by subsequent exploitation in parentification. In addition, while it is clear that the parentified child is deprived of some of what we normally consider prerogatives of childhood, it is unclear what the impact of such deprivations are likely to be. In this context, a statement by Milner (1969) is intriguing. Discussing "the theme of premature ego-development and the necessity, for healthy mental growth, of recurring times when retreat into absent-mindedness is possible" (p. 155), she asserts,

. . .behind the states that are talked about by analysts as auto-erotic and narcissistic there can be an attempt to reach a beneficent kind of narcissism, a primary self-enjoyment--which, if properly understood, is not a rejection of the outer world but a step towards a renewed and revitalized investment in it (p. 383).

Winnicott (1965) also discusses this "capacity to be alone" as an important developmental achievement. As Milner suggests, most psychological literature on this subject only compounds the difficulty of assessing the importance, for healthy development and relatedness, of this ability to withdraw into oneself, to be available even if only for brief periods to oneself alone. If the parentified child is never really allowed to be "care-free," is s/he thereby deprived of resources for subsequent development? The implication would appear to support such a view.

The results of such loss, deprivation and depletion of "reserves" may not be felt until much later in life when their contribution to diminished trust, flexibility and self-confidence may affect, for the worse, the individual's decisions and sense of success in his/her life. The consequent disappointment or bitterness may seriously interfere with later relationships, as will be briefly discussed below. While it is difficult to posit specific relationships between factors such as these, it seems safe to conclude, in accord with most developmental theory, that without having really received as a child, the individual's capacity for real giving later in life may be threatened if not seriously impaired.

Finally, we want to consider the impact of the excessive burdens carried by the parentified child on his/her psychological, interpersonal and even physical development. One obvious liability involves the development of some kind of neurotic disturbance. We have already

referred to the potential for excessive, irrational guilt on the part of the parentified child and, in this context, specifically cited Eva Stein's belief that she is responsible for her parents' marital problems. Searles (1975) feels that material from the analyses of many patients supports a similar conclusion. He asserts,

In the course of [treatment], one encounters transference data. . .which brings to light the patient's heretofore-unconscious guilt at having failed in his therapeutic effort, begun very early in life, to enable his ego-fragmented mother to become a whole and fulfilled mother to him (p. 98-99).

Elsewhere, describing the sense of shame expressed in another patient--one of a pair of twins--he observes,

. . .the shame had in it a perceptible quality that this shame was not so much that he and his brother had proved unworthy of the mother's caring for them but, much more meaningfully, that the two brothers had failed shamefully in their long-sustained effort to enable the mother to become, and to know the fulfillment of being, truly a mother (p. 107).

We have previously described the high degree of worry which may accompany parentification and which reflects the child's accountability for events which exceed his/her capacities. This chronic worrying seems likely to constitute one source of the anxiety which characterizes neurotic disturbances. In this context, it is tempting to consider the possible consequences of such vigilance for chronic emergencies on the child's psychosomatic functioning. The following study, by no means intended as validation evidence, does suggest the possibility of some connection between the precocious burdens of

the parentified child and psychosomatic disorder.

In the journal, Psychosomatic Medicine, Wallerstein et al. (1965) describe a study of patients with thyroid "hot spots," a probable precursor to actual thyroid disorders. In a review of the literature on hyperthyroidism, they note that previous researchers have "stressed the persistent efforts of their patients to become precociously self-sufficient and responsible. . ." (p. 509). In their own study of 15 women, between the ages of 25 and 47, with thyroid "hot spots," Wallerstein et al. arrived at a typical psychological profile based on interviews and psychological test data, independently rated by psychologists and psychiatrists. Their descriptions are surprisingly familiar.

As a group these patients were inhibited and constricted. Hostile urges were particularly difficult for them to confront seriously. . . . As children they had been compliant, . . . fearful, timid and submissive, and consequently were considered "good children." . . . In some of these women, the denial appeared in altruistic devotion to others, while in others it appeared as strained, almost martyred cheerfulness in the face of adversity. . . . With unpleasant affects and ideas so systematically screened out, these women thought of themselves as "good persons" and indeed, their altruistic dedication to the welfare of others was noteworthy. They seemed willing to live a martyr's life, as if they expected chronic suffering to be their fate to be borne without complaint and without awareness of wishes for relief and release. . . . Prominent guilt feelings, appearing as self-reproaches, punctuated their conscious experience (p. 513).

In a similarly health-related, if not strictly psychosomatic, vein, Nagy offers this dream of an anorectic young woman:

I dreamt that I was running back and forth between the two open graves of my parents. They were lying in the open

caskets, both half dead, half alive. As I was feeding one of my parents, I was desperately afraid that the other might die of starvation (1975, p. 4).

Again, these examples are cited not to prove a connection between parentification and psychosomatic disorder but to support the plausibility of such a hypothesis. As one final point in this discussion of psychological and physical effects of parentification, it is worth noting the possibility of a relationship between the relentless persistence in the face of hopeless futility, which may characterize the efforts of the parentified child, with the development of severe depressive symptoms.

Having considered the impact of parentification on psychological and physical development, we can turn to its possible effects on the child's other present and future interpersonal relationships. We have already referred to the possible loss of trust experienced by the exploited parentified child and its impact on other relationships. This loss of trust, together with the child's commitment to care for family members, may make it extremely difficult to form any significant relationships outside the family and in later life. However, even if s/he succeeds to some degree in forming such relationships, they are likely to be subject to a variety of stresses related to the individual's early parentification. The bitterness, disappointment or lack of self-respect which may be felt in later life can place excessive stresses and demands on these relationships.

This highlights the fact that parentification both trains (precociously) and stunts the child. The result is often an individual

who, in later life, knows how to be a parent but is unready to do so. For example, the parentified individual's need for a dependent object in order to maintain his/her own relational identity as care-taker may make him/her, paradoxically, insensitive to the real needs of the other. This may take the form of compulsive and intrusive caring, with consequent infantilization of the other, whether spouse or child. Or, it may be seen in martyr-like giving and non-receiving which traps the other in relational debt. In either case, this type of relationship is likely to perpetuate the binding by which the parentified individual him/herself was victimized.

Such a scenario is suggested in the incident in which Eva Stein protects her brother Michael from getting sick on too much cake. When she is questioned by group members as to how she "knew" Michael would get sick, she has to admit that she did not know and that she is herself "fanatical" about nausea--that is, she dreads it. The fact that it is so difficult to differentiate here between sensitive concern and projective "anxious mothering" only lends further weight to this possibility.

We can suggest one last possible effect of parentification on the child's interpersonal relationships. To do so, we refer back to Nagy's concept of the "revolving slate," which posits that serious imbalance experienced by a person in one relational context may be transferred, in an attempt to rebalancing, to a different relationship. We can speak of both "horizontal" and "vertical" attempts at rebalancing.

"Horizontal" rebalancing refers to the individual's attempts to regain what has been lost or to extract repayment from relationships

with peers--a spouse, friends, or persons in the broader social context. In other words, the over-responsible and self-denying parentified child may appear irresponsible and excessively demanding in extrafamilial contexts. Case records suggest this as a possible explanation for David Gardner's behavior. Davie is seen by the school as

. . .hyperactive and anti-social in his peer group. . . continually disruptive in class and hostile towards teachers and classmates.

Davie is symptomatic in both the neighborhood and in school. His grandmother describes many incidents of arguing and fighting with other children and she says tearfully that "Davie has no friends." . . . [Davie is] "compulsively very good" and "cooperative" in the family and. . .rejecting and angry in relationships outside the family.

"Vertical" rebalancing describes attempts to rebalance relational injustice across generations, such as when the once-parentified child, now a parent, tries to exact repayment for past wrongs by scapegoating a child or to make up for early deprivation by parentifying his/her own child in turn. Mrs. Lewis, herself seemingly parentified in her own childhood, may provide an example for both processes, as she and her husband scapegoat Larry and parentify Steve. When this occurs, the parentification process has come full circle; it extends over another generation the exploitation of children and the disruption of "the cogwheeling of life cycles."

PART III

CHAPTER 8

The Theoretical Context--Conceptual Boundaries

The four preceding chapters represent an attempt to illustrate, by means of empirical and theoretical material, those patterns and processes which constitute the parentification of children. The goal of these chapters has been the differentiation of the "figure" or the concept of parentification. Hopefully, by this point, some of its attraction and practical utility for both individual and family therapists will have been made clear. In this chapter, we return to the purely theoretical level in an attempt to further differentiate the conceptual "ground" in which parentification is embedded. This is approached by considering the relationships, and therefore the nature of the boundaries, between the concept of the parentified child and several similar but by no means interchangeable formulations. In this way we hope to be able to differentiate those instances in which concepts represent fundamentally different, alternative conceptualizations of the same phenomena, those in which different phenomena within one theoretical approach--here, dialectical relational theory--are involved, and those which involve essential differences in both the phenomena of interest and the theoretical approach to these phenomena. In the process, we hope to contribute to the clarification of some of the ambiguities posed by the concept of parentification.

Parental or Parentified Child?

Minuchin's "parental child" represents perhaps the clearest ex-

ample of a concept which views essentially the same phenomena as does that of the parentified child but from a fundamentally different theoretical perspective. The heart of this difference lies in the distinction between a functional-transactional and an ethical-existential approach to family systems.

Minuchin is primarily concerned with questions of transactional structure, function, power and skills, as the following excerpts illustrate.

Family structure is the invisible set of functional demands that organizes the ways in which family members interact.

Transactional patterns regulate family members' behavior. They are maintained by. . . universal rules governing family organization [such as]. . . a power hierarchy. . . [and] a complementarity of functions, [as well as] idiosyncratic. . . mutual expectations of particular family members.

The family system differentiates and carries out its functions through subsystems. . . . Each individual belongs to different subsystems, in which he has different levels of power and where he learns differentiated skills.

For proper family functioning, the boundaries of subsystems must be clear (1974, p. 51-54).

Minuchin is primarily concerned with the vicissitudes of power and the overall functioning of the family and its members; reciprocity--"accommodation," in Minuchin's terms--is implicit but hardly of primary interest.

Nagy looks instead to the invisible web of existential commitments and loyalties, to the "legacies" which originate in multigenerational structures of expectation, and to the balance of justice and reciprocity between members as the most important determinants of

family systems. Here, power and function are implicit--power, as a force to be balanced with loyalty and concern in the system, and functional performance, as a derivative of the level of inter-member reciprocity and trust.

In viewing the parentified child, the dimensions along which these approaches differ include what are seen to be 1) the essential pathognomic features of parentification, 2) the child's motivation, and 3) the child's callings. Minuchin sees the system with a parental child as essentially characterized by the mis-allocation of executive (parental) functions to a child. Problems develop if the "delegation of authority is not explicit." Nagy remarks on the abdication of parental responsibility but places far greater emphasis on the fundamental imbalance of justice between parent and child, deriving from the discrepancy in accountability between them, as the essential feature of parentification.

In their views of the child's motivation in the system, these approaches again emphasize somewhat different elements. Minuchin stresses the exercise of superior power by the parent--i.e., in the ability to confuse the child with devious communications--as the source of the child's trap. Nagy, by contrast, points to the child's inherent loyalty and concern for the parent as crucial determinants of parentification.

Finally, these theorists differ somewhat in their views of the child's callings. Minuchin emphasizes reality-oriented burdens of the child, such as physical care-taking, household chores, etc. Nagy stresses both reality- as well as more emotionally- and psychologically-

oriented responsibilities, such as trying to console a parent for un-mourned losses, re-assuring parents, sustaining or holding together hopeless or fragmented families.

In summary, looking at the same family, we would notice and stress significantly different processes depending on which theoretical orientation we took. From the "structural" perspective, we would emphasize the delegation of the executive function to a child, the performance of relatively reality-oriented functions and, somewhat paradoxically, the child's compliance stemming from his/her relative lack of power in relation to the parent. A dialectical relational orientation, on the other hand, would direct us to the fundamental imbalance of justice between parent and child deriving from the discrepancy in accountability and reciprocity between them, to the performance of complex psychological and emotional as well as reality-oriented responsibilities by the child, and to the interplay of loyalty, concern, power and self-interest which support the child's collusion in his/her exploitation. For these reasons, concepts of the parental and parentified child represent fundamentally different theoretical approaches to essentially similar phenomena.

Parentified Child and "Loyal Object"

Even within the limits of dialectical relational theory, however, the concept of the parentified child stands in somewhat ambiguous relation to its theoretical context. We feel that the major area of ambiguity concerns the breadth of the concept--that is, the range of phenomena which can usefully be encompassed by the term. Nagy and

others frequently use parentification to describe those cases in which children assume dutiful, over-responsible roles. This is the strict sense in which it has been used in this paper. However, at other times, the concept appears to expand to include even infantilized, scapegoated and rebellious roles, as suggested by the following statements (Nagy, 1973).

While every successful attempt to bind a child to the family through guilt-laden loyalty delays the child's maturation and leads to infantilization, on a more significant level it also parentifies the child. A parent's symbiotic clinging to his child originates from the parent's lack of maturation and self-delineation vis-a-vis his own parent (p. 162).

Although our concept of parentification is expressed in essentially possessive (oral, dependent) terms, we are aware of other, e.g., aggressive or sexual, implications of parentification. The parent can relate to his child as if he were a generational equal instead of being of a different generation. Long pent-up, unsettled resentments can be vented onto the child in displaced retaliation (p. 152).

Parentification is sometimes used even more broadly to refer to any situation in which a child's loyalty and devotion to the parent or family is expressed.

We feel that the source of this ambiguity lies in the relative immaturity of the theoretical perspective from which parentification derives. The family systems orientation itself, an essential foundation for dialectical relational theory and by now a basic, almost "traditional" set of assumptions for all family theory, dates back only two decades. More recent still are the recognition of loyalty and concern in relational systems and the emphasis on an interlocking

of experiential and transactional processes which characterize dialectical relational theory. Our contention is that because of the relative immaturity of this approach in general and more specifically of an analysis of the importance of loyalty and concern in relational systems, the concept of parentification has been used to cover a variety of phenomena which can and will, hopefully, be differentiated and interrelated over time. Ironically, the concept of parentification has, in effect, been as over-burdened as the child it often describes.

One step towards a clarification of this conceptual space involves the differentiation of three levels or configurations involving loyalty and concern. At the broadest possible level, we can speak of loyalty and concern as universals, that is, as ubiquitous forces in human relationships. More narrowly, we can focus on the loyalty and concern of the individual exploited in relational imbalance. One of the most important contributions of the dialectical relational perspective has been its clarification of the role played by these forces in the individual's collusion with his/her exploiters. The forms of such exploitation are numerous and varied. We can subsume these various roles under the concept of the "loyal object." This term is intended to convey both the non-reciprocal use of the individual as an object by the other(s) and the loyalty which binds him/her to the exploiter(s).

In an excerpt from Invisible Loyalties, Geraldine Spark conveys some of the variety of these object roles.

. . . children need a life space of their own, to play and to learn, to be permitted to be a child. In pathogenic family systems, by contrast, children are used as objects upon whom many conscious and unconscious feelings and attitudes are projected by their parents. Thus, children are perceived as sources of life-giving strength; as objects of loyalty and disloyalty. They may be caught in a power struggle between the parents or even between the parents and their family of origin. Children may be perceived as stimulators of conflicts, to be blamed. They may be experienced as sources of dependence who are rejectors as the parents may have felt rejected (p. 253).

Significantly, Spark concludes this catalogue of object roles by emphasizing the importance of the child's loyalty.

Yet, children remain eternally loyal. They may appear exploited by their parents, but on some level children--out of loyalty--unconsciously comply with the parent's need to exploit them (p. 253).

Stierlin describes a number of object roles, organized around various missions of the child which meet specific id-, ego- and super-ego-related needs of the parent. The child may have to provide the parent with id-gratification s/he may only allow him/herself to experience vicariously. In so doing, the child also serves ego- and superego-needs.

For example, a delegate who must provide his parent with id nutriment (e.g., must engage in orgies, smoke pot on his parent's behalf) may also have to alleviate his parent's anxiety, guilt and conflict about needing such nutriment. His task becomes now more difficult as he, in addition to becoming profligate, embodying and enacting his parent's forbidden impulses, must also offer himself as a living screen for his parent's punitive projections. His major mission becomes, then, to maintain the parent's defensive organization, i.e., to 'protect' and support his parent's fragile ego by sparing the latter heightened conflict and ambivalence (1974, p. 57-58).

He notes that the child may serve the parent's needs for "ego support and protection" by serving as a faithful ally in marital or other family battles, and further describes two variants of the objectification of the child for the parent's superego needs.

If support of the parent's self-observation and self-confirmation becomes the adolescent's main mission, he will be delegated to provide a living contrast: to be bad. He is to be mischief maker, troubled, crazy, etc., in order for the parent to be reassured that he himself is not bad, crazy, etc. after all. . . .

Finally, a delegate's main mission can be the alleviation of the parent's often excessively strict conscience. In this case, the adolescent will be covertly encouraged to commit and seek punishment for those delinquent acts about which the parent harbors (chiefly unconscious) guilt (1974, p. 57).

But Stierlin, like Nagy and Spark, pays particular attention to the role of loyalty and concern on the part of the "object."

. . . these "crisis adolescents" seemed to invite punishment not so much because they betrayed their primary loyalty to their parents, but because they. . . made it their mission to externalize, and invite punishment for, their parents' disowned "bad" impulses. One can therefore say that these runaway delegates remained loyal as targets for punishment by proxy (1974, p. 65-66).

. . . in my years of work with adolescents and their families, I have come to revise my notions of adolescent "rebellion." . . . At the outset of joint family meetings, I have been told again and again that this or that adolescent was the most "rebellious" family member. . . . But the more I saw of these young "rebels" and their parents, the more I doubted their rebelliousness. On the contrary, rather than seeing them as most self-determined and most defiant, I came to see them as most compliant. I realized that in their very rebelliousness they complied with their parents' deeper expectations and wishes. . . (1976, p. 15).

Nagy makes a similar observation.

. . ."symbiotically" bound schizophrenic young adults are often violently hostile to their mothers. The mothers, in turn, take such hostility easily and with little concern over losing their child's loyalty. These parents know better: the child's violence documents his unchanging involvement and interminable devotion (p. 161).

Finally, from a very different clinical context--that of long-term individual psychoanalysis--Harold Searles reaches an essentially similar conclusion.

. . .in most instances, it is only after some years of analysis that one detects a shift in the feeling tone with which the patient speaks of his family's psychopathology. The feeling tone, which in the earlier years of the analysis had portrayed etiological family events or situations as burdens which were imposed upon him, gradually shifts in quality, as his more deeply repressed emotions of grief and loving devotion come to the fore, and conveys that he had also incorporated these burdens within himself in an active and lovingly devoted--what I am calling therapeutic--spirit (1975, p. 127-128).

So the loyal object may serve as faithful ally, rebel or traitor. S/he may provide a source of vicarious excitement or a negative foil to serve as contrast for the self-regard of the other. S/he may be infantilized, scapegoated, or, finally, parentified. Nagy's position has been that, because the child's compliance in such roles seems both to be necessary for the parent's stability and continued reliance on the captively available child and to be at least partially motivated by concern and loyalty to the parent, these role configurations can be justifiably subsumed under the rubric of parentification. We consider this position counter-productive to the wider comprehension and

utilization of the concept of parentification and the perspective it reflects. The assertion that a vengeful scapegoated or pampered infantilized child is demonstrating concern and loyalty to the parent, while not unacceptable, requires a significantly higher level of inference than a similar assertion for the clearly parentified child. From this perspective, the highly visible hostility of the rebel or scapegoat and the demanding helplessness of the infantilized child, on a surface level, are seen as masking the parent's essential dependence on the child's performance of the object-role and the child's compliance out of loyalty and concern, at a deeper relational level. In this view, whether the child combats, clings to or cares for the parent represent negligible variations in an essential willingness to act out whatever object-role is necessary for the parent's psychological stability.

We feel that these dynamics are better conveyed by the concept of the loyal object and that the term "parentified child" should be reserved for those object roles in which the child exercises overtly protective, care-taking and over-responsible duties. Little or no inference is involved in these cases since the child's overt activities consistently document the qualities of loyalty and concern. In this more strict usage, the term "parentified child" is well chosen since it conveys several major aspects of such roles. It suggests the failure of maturation in the parent, the real or pseudo-maturity and over-responsibility of the child, and the disruption of the child's natural development. Finally, unlike terms such as the "symbiotic therapist," it describes a primary relationship in the language of primary, and

not secondary, relationships. It is felt that the extension of the term "parentification" beyond these limits dilutes its relevance and invites ambiguity and confusion. In summary, boundaries between concepts of the loyal object and the parentified child--the latter seen as one particular form of the former--suggest an instance in which different phenomena have been insufficiently differentiated within one theoretical approach, that of dialectical relational theory.

Parentified Child and "Symbiotic Therapist"

There is one last conceptual boundary to be addressed. It concerns the relationship between the concept of parentified child and that of the "symbiotic therapist," a formulation deriving from individual psychoanalytic theory and practice, and referred to frequently in this paper. We consider this question especially important in its implications for the possibility of integrating individual and relational dynamics. Convergences between these approaches have been noted recently in closely related areas--most notably, in the processes of fusion and individuation (Nagy, 1965; Slipp, 1973; Karpel, 1976). One of the most intriguing aspects of parentification, at the theoretical level, is the striking similarity between concepts developed out of family therapy and relational theory, on the one hand, and individual psychoanalytic theory and therapy, on the other.

Reconsider the major similarities between the concepts of the symbiotic therapist and the parentified child. Searles emphasizes the parent's "ego-incompleteness" and "unconscious transferences" to the child as being his/her parent. He describes the child's natural

concern for the parent in terms of the former's inherent "therapeutic strivings," and his/her failure to individuate and become a "whole person" out of loyalty to the family, which requires instead that s/he remain "available for complementing the ego-incompleteness of the others in the family, individually and collectively." But departures from the profile of the parentified child become apparent as well.

Although he refers to the whole family's role in the creation and the burdens of the symbiotic therapist, Searles places primary emphasis on the child's relationship with the mother in particular. This emphasis is related to his focus on what he refers to as the symbiotic or "pre-individuation" stage of development for the child. Also related to this focus on the first 12-18 months of life, Searles suggests that this formulation has particular relevance for the person who develops psychotic or other more severe forms of symptomatology.

. . .the hypothesis is of particular significance for psychotic patients, for psychosis involves the patient's not having achieved, in infancy and childhood, the firm establishment of an individual human self. . . (1975, p. 98).

[As opposed to material expressed in neurotic patients], in the following examples from patients who were suffering from some degree of schizoid or schizophrenic illness, the patient's therapeutic striving is referable more to a pre-individuation than post-individuation developmental era. The patient's therapeutic striving is to function as mother to his biological mother (the latter's ego development in regard to her own mothering effort, being fixated at, or having regressed to, an infantile level) so as to enable her to become sufficiently integrated and mature that she will become able to function truly as a mother to the patient (1975, p. 104).

Finally, the portrait of the symbiotic therapist departs from that of the parentified child in Searles' emphasis on the role of in-

trojection by the child at a very early age, not of the parent's image of a good parent but of the parent's own dissociated "craziness."

Discussing one long-term psychotic patient, he remarks,

I had reason to know that she, as a child, had not only been invaded by the psychotic introject of the grief-crazed mother [after loss of an infant], but had striven thereby to rescue the mother by taking into herself the mother's burden of tragedy and psychotic reaction to tragedy (1975, p. 118-119).

Of another patient, he says,

I regarded the image of the child, struggling within him, as being comprised not only of elements of his own childhood self, but also of elements of the child in mother, struggling against sickness, elements which he had taken, partly with a therapeutic motive, into his self-image (1975, p. 114).

He concludes,

. . .the pathogenic introjects which have comprised the core of his schizophrenia have represented not only his unconscious means of coping with an otherwise intolerable outer reality, but also his unconscious primitive way of trying to heal that "outer reality"--that is, those most deeply ill components of mother and subsequent mother-transference figures--by taking those components into himself and trying thus to free her (and her successors) from the burden of them (1973, p. 251).

We must ask, then, to what extent are these differences significant and, if significant, to what can we attribute them--the optic of observation or the object of examination? The answer seems to be that there are significant differences between these two concepts and that these differences are attributable to both optic and object.

To some extent, there are inevitable differences in conceptuali-

zation which derive primarily from the different clinical and theoretical contexts from which they emerge. Searles practices intensive individual psychoanalysis. This two-person context, both dictated and supported by a theoretical emphasis on transference, would seem likely to make the analyst more attuned to the impact of a single figure--the mother--on the child, than that of other family members and of the family as a whole. This contrasts with Nagy, whose primary clinical context involves direct observation and treatment of whole families. While Searles' work has been almost exclusively, until quite recently, with psychotic patients, Nagy's clientele has, necessarily, been more heterogeneous. Searles' long-term work with these patients, often already severely regressed and obligated to regress even further in treatment, has led him to the phenomenon of early symbiosis as a life-long organizing principle of his theory. Nagy, while originally interested in the concept of symbiosis, found his own work with families leading him instead to a consideration of the relational balance of justice as a major dimension of theory. These differences in theoretical and clinical contexts can account for some of the disparity between these two conceptualizations. They suggest two different optics viewing identical phenomena. But beyond these differences in observation, there appear to be very real differences in the phenomena observed as well.

The pressures and burdens imposed on the child, in terms of the parent's needs deriving from past deprivation and his/her subsequent transference to the child as a parental figure, would appear to be essentially similar in both instances. However, the timing of the

imposition of these pressures, and in consequence the tools at the child's disposal and the effects on the child's development, appear to be significantly different. Differences between Searles' and Nagy's formulations suggest that the parent's attempts to create a parent in the child may begin significantly earlier in the case of the symbiotic therapist--specifically, during the period of psychological symbiosis which follows birth, continues in healthy development until the second year of life, and diminishes gradually from that point onwards. If this is in fact the case, considerably more primitive aspects of the child's make-up will be involved than we might expect if these pressures were to begin at a later stage.

Illustrations of parentification presented in this study suggest that excessive demands for over-responsible behavior do not begin before the child has achieved some degree of autonomy and, for lack of a better term, ego-functioning. In Erikson's terms, the parentified child seems to have built up a sufficient sense of trust and autonomy to be "successful" in his/her assigned and assumed tasks. These reserves of trust and autonomy may be jeopardized in later development, specifically by the prolonged binding and exploitation of parentification. But this constitutes a very different situation from that in which parental neediness, dependence and disorganization interfere with the maternal care necessary for even rudimentary psychological development. In order to be able to function with any effectiveness in his/her callings, the parentified child must be allowed, even encouraged, to develop the sensitivity and skills required in order to do so.

In this sense, the relationship between symbiotic therapist and parentified child is analogous to that between Stierlin's "bound" and "delegated" child. The delegate is allowed to leave the home during adolescence but is sent out with a "mission" (or missions) to fulfill for the parent(s). The bound child is not even permitted to leave the family but remains tied to the orbit of the home. Stierlin points out that the delegate's (in our analogy, the parentified child's)

. . .loyalty implies that he should become autonomous and skilled enough to carry out his special mission (or missions). . .

All these missions imply that the child is allowed and pushed to develop limited individuation, autonomy and skills (or ego functions, if you wish). Those required to carry out his missions (1974, p. 53, 56-57).

It should be emphasized that we are suggesting an analogous, not a synonymous, relationship. It is not that the symbiotic therapist is bound while the parentified child delegated; in practice, both are most likely to be extremely bound, in Stierlin's terms. The analogy addresses the levels of ego functioning and interpersonal skills they are able to consolidate and make use of in their callings.

While this analogy is useful, it should not be read as suggesting a sort of conscious deliberate control on the part of the parents in shaping these processes. It seems improbable that the parent would be capable, in terms of both knowledge and self-control, of monitoring when and how inappropriate needs are placed on the child. This difference in timing can more likely be accounted for either by idiosyncratic crises in the family's development (age of child in relation

to sudden loss of spouse or parent's parent, for example) or by severity of psychopathology in the parent(s). The parents of the parentified child may take undue advantage of their five- or six-year-old child who offers to help family members, but they seem able to recognize the helpless infant for what s/he is and to provide what Winnicott refers to as "good enough mothering" (1965) until the child is ready to contribute to the family in a meaningful way. The parent of the child who becomes a symbiotic therapist appears to be unable either to make such a distinction or to insulate and protect the child from his/her own pathology. The result is that in some modified (and probably less organized form) the transferences, projections and pressures often placed on the young parentified child are, in the case of the symbiotic therapist, placed on the even younger infant.

What are the implications of this difference in timing for the "tools" at the child's disposal in his/her effort to calm, comfort or heal the parent? In the case of the infant, we can expect these tools to be extremely primitive, and for the effort itself to be both more disorganized and more seriously disorganizing to the child's development than in the case of the more highly integrated parentified child. The relatively greater emphasis placed by Searles on the child's introjection of the parent's "sickness," as opposed to more mature efforts to encourage, comfort or function for the parent, corresponds to this distinction between resources available to the infant and older child.

As the parents of the symbiotic therapist are likely to be much more severely disturbed and, because of the pressures created by their

pathology, seem to impinge on the child much earlier than in the case of the parentified child, so the disruption of the child's maturation is likely to be more radical. The interference with ego integration and with the development of a capacity for relationship is likely to be more devastating with these children. This is consistent with Searles' formulation that these pressures are more likely to result in schizoid and psychotic symptomatology.

In summary, (and recognizing that this represents only a tentative hypothesis concerning recently developed and, as yet relatively unexplored, concepts), it appears that there are significant similarities between the concepts of the symbiotic therapist, developing out of individual psychoanalytic theory and treatment, and of the parentified child, stemming from dialectical relational theory and family therapy. Both emphasize the child's inherent concern and loyalty to the parent, the parent's immaturity and transference to the child as a parental figure, the child's self-sacrifice in an effort to stabilize or heal the parent (or the family as a whole) and the subsequent effect of this effort in postponing the child's individuation and autonomy. Differences between these two conceptualizations, however, are important. And while attributable in part to the dissimilar clinical and theoretical contexts from which they emerge, they are also thought to reflect real differences in the phenomena observed. One interpretation suggests that while the pressures or burdens exerted on the child are similar, the timing of such burdens, in terms of the child's stage of development, may differ--specifically, occurring much earlier in the case of the symbiotic therapist. And that

this crucial difference in timing is associated with differences in the resources available to the child and the effects of these burdens on his/her psychological and relational development. These two concepts represent, then, an instance in which both the phenomena under observation and the theoretical contexts of that observation differ. But these formulations are not so much incompatible as complementary. The contrast between the two helps clarify what the parentified child is and is not, as do the other conceptual contrasts presented in this chapter in different ways. Hopefully, this brief analysis of boundaries between concepts will clarify, to some extent, the theoretical space in which parentification is embedded.

CHAPTER 9

Recapitulation and Implications for Further Study

This paper has attempted to define and illustrate the concept of parentification, to suggest its utility and to consider both its boundaries and the parameters of the theoretical context in which it is embedded. This final chapter recapitulates the major points of the argument presented, in part merely to re-emphasize some points which may have been obscured. In addition, we will briefly consider some implications of this analysis for further study in this area.

Because our focus has frequently shifted between the two, it is important to differentiate the process and relational structure of parentification from the object-role of the parentified child. At the broadest possible level, parentification refers to the process in which one person in a relational system comes to act as an over-responsible parental figure for another or several others. Theoretically, the parentified individual may be either a spouse or a child, but it is the parentified child who concerns us specifically in this study. Parentification appears to be an inevitable feature of all parent-child relationships and may contribute to the healthy development of the child. The parent's temporary reliance on the child for support and responsible action may prevent the parent from becoming over-burdened and allow the child to make a meaningful contribution to the family and to identify with responsible roles for his/her future life.

However, when this reversal of roles becomes not temporary but fixed, when responsibility and accountability flow not back and forth

but in one direction, parentification in the pathogenic sense can be said to exist. The family system is characterized by a fixed imbalance of reciprocity; the unilateral use of the parentified child without repayment or reparation constitutes the pathogenic exploitation of the child. In these cases, parentification represents a chain of social processes, not the acts or initiative of any one person. It persists as a covert organizing structure, shaping more overt family interactions. In another sense, parentification disrupts the normal "cogwheeling" of life stages seen in family systems; the parent is unable to function as a parent and the child prevented from ever really being a child. In this context of exploitation or relational imbalance, the parentified child represents only one of a number of "loyal object" roles, which include the scapegoat and infantilized child among others. The object-role of the parentified child involves over-responsible concern and activity which serves to maintain the emotional stability of family members and/or the relational stability of the family as a whole.

Parentification appears to begin with a failure of parenting, expressed in the parents' inability either to exert guidance and control over the family or to respond sensitively to their children's needs. This failure of parenting is compounded by marital conflict or dissatisfaction which leaves spouses' needs unmet and often pulls for the child as an alternative source of gratification or as a go-between in the marital warfare. The child's contribution to parentification begins with a capacity for meaningful contribution to the family, which includes a capacity for loyalty and concern towards other

family members and a readiness for responsibility.

The development and maintenance of parentification involves a complex interlocking of intrapsychic and interpersonal processes which include the parents' unconscious transference to the child as a quasi-parental figure and the induction of such a figure in the child by means of attribution, ego- and superego-binding. The child's compliance or active participation in this process is thought to be influenced by a number of factors, including the parents' power as virtually the sole reference points for the child's developing self-concept, the child's loyalty and concern for the parent, and his/her self-interest, in terms of a need for the parent on any terms possible. In addition, parentification may be initially helpful to the child in his/her struggles to develop a sense of identity, belonging and usefulness. Because parentification is seen as an overall configuration involving experiential and interpersonal processes on the parts of several family members, consideration is given to the dialectic of actions and expectations which constitutes one important aspect of its development and maintenance.

Although the literal meaning of the term "parentification" refers to the use of the child as the parent's parent, a broader spectrum of "callings" can be included within its boundaries. At a functional level the parentified child, often worrisome and pseudo-mature, may act as a physical or emotional care-taker for any or all family members. The child may instead be called into service as a go-between, whose vocation is to mediate, alleviate or heal a major relational breach in the family, often but not exclusively in the marital dyad.

Finally, the child may feel and be held responsible for the survival and integrity, the "repair" or "resuscitation" of the family as a whole. Whatever the various roles and callings at the functional level, at the ethical level, the parentified child is always exploited. Called upon to be sensitive to the other's experience, to be available for his/her needs, to protect, defend or help the other, to share (or relinquish) control over the mutual terms of the relationship, the parentified child is "short-changed" in return, for little of this accountability and consideration flows back to the child.

The most common effect of parentification on the child is its interference with his/her individuation and autonomy. The parentified child is bound to the family not only by loyalty but a sense of complete responsibility for his/her helpless charge(s). Often isolated from peers by this excessive investment in the family and by the pseudo-mature traits which may accompany parentification, the child is deprived of resources potentially available in relationships and activities which accompany a childhood friendship or the larger peer network. The parentified child's identity remains relationally reactive, built as it were around the external hub of others' needs. Similarly, his/her identity remains constricted in that often only competent, selfless, compliant, "good" qualities are acknowledged or permitted in the parentified child by other family members.

Parentification can deprive the child of any real childhood and the results of such deprivation may not be felt until later in life. Finally, the excessive burdens assigned to and assumed by the parentified child may take their toll in either psychological, physical

or relational development. Psychologically, the parentified child is vulnerable to excessive guilt, anxiety and depression. S/he may be more likely to develop certain kinds of psychosomatic or health-related disorders. And the loss of trust which may accompany prolonged exploitation and the deprivation and related developmental deficits which attend parentification may create significant obstacles for the child in current extra-familial or later adult relationships. From the perspective of the "revolving slate," the now-adult parentified child may find him/herself compensating for his/her own parentification and early deprivation by parentifying his/her own child in turn. In this case, the disruption of the cogwheeling of life stages is extended over yet another generation.

This examination of parentification obviously leaves a number of important questions unexplored. We have not been able to address the selection of the parentified child. Who is primarily responsible for this selection--a specific parent, both parents or the family as a whole? Can this selection be related to specific factors, such as relative age of siblings, sex, or physical resemblance to a parent or parental-figure for the parent? While these represent significant questions at a somewhat descriptive level, there remains another set of relatively unexplored areas which would seem to be of more central importance for the further clarification of these phenomena.

One question, directly related to the recent appreciation of the role of the child's loyalty and concern for the parent, concerns the

relative effects of exploitation versus frustration of the child's efforts to contribute to family members or to the family as a whole. It was indicated at the outset that, while apparently opposite types of processes at one level, both imply forms of relational imbalance since both involve the disruption of reciprocity. While Nagy stresses the exploitation of the child's concern in his description of parentification, he is, in other contexts, emphatic in asserting the negative effects of the parent's preventing repayment by the child and thereby binding him/her with un-dischargeable gratitude and obligation. Searles' formulation of the symbiotic therapist stresses the simultaneous intensification and frustration of the child's "therapeutic strivings."

Nagy's theoretical perspective comes closest to developing conceptual distinctions between, as it were, giving and taking too much in relational systems. He envisions an invisible bookkeeping of obligations incurred and discharged, of meritorious actions committed, recognized or ignored. Members of relational systems may be momentarily or chronically in either a position of merit or debit in terms of relational obligations. He sees this invisible balance of justice as the most significant structural force in relational systems and stresses that it has an existential reality which includes but transcends the internal experience of its members. In other words, both the child who cannot "repay" and the child whose "payment" is never returned occupy existential positions which carry with them psychological and relational consequences. It is the specification of these consequences which may provide a fruitful focus for further study.

More broadly, this relates to the larger question of the implications of parentification for what have traditionally been seen as forms of individual pathology. And while that question has been addressed in this paper, it can hardly be said to have been answered. Can a more convincing link be demonstrated between parentification and psychosomatic or other health-related disorders? Can such individualistic formulations as "obsessive-compulsive neurosis," "neurotic anxiety," "reactive depression," and "adjustment reaction of adolescence" be translated into the relational context of parentification or are these concepts irreconcilable, orthogonal as it were to one another? Can conclusions be reached as to why the stresses of parentification are expressed in one case in more psychological areas while in others in primarily somatic or relational spheres? These questions are especially important in their potential for demonstrating more specific connections between the dynamics of relational systems and their impact on individual development.

Another area which calls for further elaboration involves the transmission of family relational configurations across generations. In his own system, Stierlin (1974) suggests identity as the general cross-generational rule--that is, that binding parents tend to have been bound as children, delegating parents to have been delegates for their own parents, etc. Laing has suggested greater heterogeneity of patterns across generations. Similarly, Nagy sees a less clearly isomorphic relationship than does Stierlin, implying much greater variety in the relationship between parent's position in his/her own family and the position of his/her child. At the same time, Nagy in-

sists on homogeneity in the perpetuation of relational imbalance across generations unless addressed and repaired at some point in the evolution of the family. The dissimilarity of children's roles in the same family would seem to support the more heterogeneous view. It may be that no more specific intergenerational links can be demonstrated. However, the striking repetition of highly idiosyncratic patterns across several generations of a family's history, observed by those who have begun to collect such data, suggests this may also be a fruitful area for further work.

Lastly, a rather broad but crucial area to which this study of parentification directs us involves a closer look at the relational structure of reciprocity and balance and to what Stierlin has referred to as a "liberating dialectic." If nothing else, a greater appreciation of the pre-conditions, development, characteristic patterns and effects of balanced relational systems would provide a contrast that might highlight aspects of imbalanced systems which remain obscured otherwise. But more importantly, such an appreciation would contribute to an understanding of relational and individual health.

The criticism has often been levelled against traditional individualistic conceptions of personality that they are essentially pathology-oriented and see health implicitly only as the absence of pathology. A dialectical relational perspective avoids this pitfall by emphasizing the structure of mutual accountability, trust and commitment which characterizes balanced relational systems and is thought to be conducive to healthy individual development. We have stressed, along with Nagy, for example, that the individual personality compon-

ent of "basic trust," emphasized by Erikson as the cornerstone of healthy development, depends on a relational structure of mutual reliability and responsibility. This is considered only one element in a more pervasive relationship between systems balance and individual health. In addition, such an examination might lead to a further clarification of specific relational structures and processes which correspond to healthy versus pathogenic forms of parentification.

The concept of a liberating dialectic seems especially powerful as a conceptual tool for the examination of relational balance and individual health. Beyond reciprocity, it suggests reciprocity-maintained-in-the-context-of-basic-relational-change. The complexity of the concept (and an exposure to its failure in action) allows us to momentarily glimpse and appreciate the remarkable accomplishment of its success, as when a child matures, separates from the family and rebalances original loyalties with new commitments, without having to sacrifice either set of relationships or him/herself in the process. The dialectical approach enables us to consider the "conflict and reconciliation" (Stierlin, 1968) of the complementary loyalties, roles and obligations of parent and child as they are transformed, but kept in balance, through the evolution of the family. It facilitates an appreciation of the contradictory pulls and pushes exerted by the child's growing autonomy (commitment to self) and loyalty (commitment to others), without imposing a false negation of one or the other of these antithetical yet co-constitutive forces. The potential utility of this approach demands an effort to examine the structural dynamics of balanced relational systems and healthy individual development

and of the dialectical processes by which they are related.

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