

“I was more her Mom than she was mine:” Role Reversal in a Community Sample*

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Family processes associated with childhood role reversal and related adult outcomes were examined in a community sample (128 adults) using a semistructured interview exploring family, friend, and romantic relationships. Women showed stronger role reversal than men, and role reversal was stronger with mothers than with fathers. Role reversal of women with mothers was associated with parental divorce, neglect, and rejection. Only parental divorce was consistently associated with men's role reversal. Role reversal was not associated with current symptoms for either men or women, nor with attachment orientations for women. Three patterns with distinct family dynamics and outcomes—guardians/protectors, pleasers/compliants, and spousified—emerged from qualitative analyses of 16 women who experienced high levels of childhood role reversal.

Role reversal describes a situation in which a child assumes parental responsibilities to an extent that exceeds the developmental norms in a given culture (e.g., Boszormenyi-Nagy & Spark, 1973; Minuchin, 1974). These responsibilities include instrumental help (e.g., cooking, cleaning, looking after younger siblings) and emotional help (e.g., giving advice, giving comfort and reassurance, keeping the parent company) to the parent. In the prototypical case, the child acts in a parenting role toward a parent who is unable or unwilling to give the protection and guidance expected of an adult caregiver. The main objective of this study was to explore the family processes and interpersonal dynamics associated with the development of role reversal in families and to examine several potential adult outcomes, specifically adult attachment insecurity, psychological symptoms, and excessive caregiving in adult relationships.

Antecedents of Role Reversal

Based on family systems theory, Minuchin (1974) suggested that role reversal develops when families are unable to maintain hierarchical generational boundaries in which parents guide and nurture their children and children seek comfort and advice from their parents. This may happen in a variety of situations, such as when parents divorce or when one parent is chronically ill, alcoholic, or mentally ill. To maintain a certain equilibrium within the family, the child may substitute for the parent in some respects and may act as parent vis-à-vis siblings or as a parent, friend, or mate vis-à-vis the parent. This portrayal of role reversal encompasses an array of phenomena (described in detail by Chase, 1999), including the more prototypical role reversal in which a child parents the parent, as well as enmeshment (closed, entangled, and angry preoccupation of the child with the parent), triangulation (serving as go-between and mediator between parents or siding with one against the other), and

“spousification” (acting as a sexual mate to a parent; Sroufe & Ward, 1980).

From a relational perspective (Boszormenyi-Nagy & Spark, 1973), role reversal is seen as stemming from unfulfilled needs of a parent to be parented and cared for, needs that are directed toward a child rather than toward the parent's own parents, friends, or romantic partner. The child is called upon to care for the parent as a way of balancing unresolved issues that were not settled in the parent's own family of origin. From an attachment perspective (Bowlby, 1980), the parent is seen as unable or unwilling to give the child the required protection, support, and care, presumably because the parent needs reassurance and protection. In an attempt to maintain the relationship, or some level of proximity and closeness within the relationship, the child adopts a caregiving stance toward the parent. This strategy partially satisfies the child's attachment needs for proximity and closeness, although it entails inhibiting the child's needs for parental support and guidance (Bowlby; Mayselless, 1996; West & Keller, 1991).

Although the concept of role reversal has been employed extensively in the therapeutic literature (e.g., Kabat, 1996; Karpel, 1977; Kreider, & Motto, 1974; West & Keller, 1991), few systematic empirical studies have examined the phenomenon (e.g., Jacobvitz, Morgan, Kretchmar, & Morgan, 1991). Consistent with the expectation that inept parenting fosters role reversal, parental alcoholism and substance abuse are associated with role reversal (e.g., Bekir, McLellan, Childress, & Gariti, 1993; Chase, Deming, & Wells, 1998). In addition, various forms of problematic parent-child relationships, notably sexual abuse (Burkett, 1991) and physical abuse (Macfie et al., 1999), are associated with role reversal. Finally, divorce also has been associated with role reversal (Weiss, 1979; Johnston, 1990).

Characteristics of the child also may play a role in the development of role reversal. In particular, girls may be more likely than boys to do so, as females are expected to nurture and maintain relationships (Brody, 1996; Buchanan, Maccoby, & Dornbusch, 1991). In partial support of this contention, Goglia, Jurkovic, Burt, and Burge-Callaway (1992) found that college women had higher scores, on average, than men on a retrospective measure of role reversal, although not on a projective measure designed to examine role reversal themes.

Outcomes of Role Reversal

In general, role reversal is not seen as pathological in and of itself (Jurkovic, 1997; Robinson & Chase, 2001). However, it is described as problematic when it requires long-term,

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age-inappropriate contributions from the child and when the child's own developmental needs are not met (Boszormenyi-Nagy & Spark, 1973; Chase, 1999; Jurkovic). Further, detrimental outcomes are expected when the child's efforts are not acknowledged and valued (Chase; Jurkovic). Current conceptualizations of role reversal suggest that excessive role reversal in childhood leads to problems in developing autonomy, and hence to enmeshment and preoccupation with relationships (e.g., Chase). In particular, excessive role reversal is expected to promote a tendency to relate to others through excessive caregiving at the expense of satisfying one's own emotional needs. Although researchers have not addressed the expected attachment orientations of adults who experienced role reversal in childhood, by extending previous conceptualizations (e.g., Jurkovic), it may be that excessive role reversal is associated with low attachment security and elevated levels of preoccupation.

In partial support of these speculations, researchers note an association between role reversal and general problems in functioning, such as depression and anxiety (Jacobvitz & Bush, 1996; Jones & Wells, 1996; Wells & Jones, 2000), as well as lower levels of identity exploration and commitment in women (Fullinwider-Bush & Jacobvitz, 1993). In addition, retrospective accounts of role reversal are associated with the tendency to act as a caretaker in adult relationships (Wells, Glickauf-Hughes, & Jones, 1999; Valleau, Bergner, & Horton, 1995).

Several studies have examined "spousification," a form of role reversal in which the child is called upon to act as a spouse or mate toward the parent by providing emotional support and intimacy with sexual components (e.g., Sroufe & Ward, 1980). This form of role reversal is associated with more problematic behavior of the children when they are young (Carlson, Jacobvitz, & Sroufe, 1995; Jacobvitz & Sroufe, 1987), when they become adults (Walsh, 1979), and when they become parents (Burkett, 1991). Interestingly, in several studies, role reversal lacking erotic components (usually with the same-sex parent) was not associated with problematic outcomes (Walsh; Jacobvitz & Bush, 1996).

The Current Study

Our understanding of the phenomenon of role reversal relies primarily on case studies from clinical practice or on special samples defined by their psychological risk, such as children or adults from divorced families, children of alcoholics, and victims of childhood sexual abuse (see Chase, 1999, and Jurkovic, 1997, for reviews). In these cases, it is not clear the extent to which role reversal is related to the particular family problems or the clinical nature of the samples. The few published studies that examined role reversal in college samples typically employed self-report measures (e.g., Jones & Wells, 1996). In the present study, we examined role reversal in a community sample. We explored the family processes and interpersonal dynamics involved in the development of role reversal to determine the extent to which insights gained from clinical case studies and college samples also are valid in a community sample. Specifically, based on prior research and theory, we expected that role reversal would be more prevalent among women than men, and that it would be associated with a childhood history of parental divorce, neglect, rejection and low acceptance, and a tendency for the child not to approach parents for support. In addition, we expected role reversal to be associated with adult attachment insecurity (and especially preoccupied attachment),

adult psychological symptoms, and excessive caregiving in adult relationships. We combined qualitative and quantitative methodologies to benefit from the insights gained through qualitative analysis and the rigor and objectivity of the quantitative approach.

Method

A sample of 596 men and 616 women residing in Vancouver, British Columbia, Canada, were contacted through random-digit dialing and completed a 15–20 minute telephone survey focusing on relationship aggression. The response rate (the number of completed telephone interviews divided by the number of known eligible respondents) was 43%. At the end of the survey, participants were asked if they were willing to participate in a follow-up study in which they would talk more about their relationship experiences, and 53% agreed to be contacted. Of the 256 contacted, 128 (68 women and 60 men; 50%) were interviewed in a follow-up session and constituted the sample for the current study; 34% declined, and another 16% agreed to participate but were eventually unable to do so. Participants completed a packet of self-report measures, including a measure of psychological symptoms and took part in a semistructured interview. The follow-up interview and questionnaire session took 2.5–3 hours to complete. These sessions took place at multiple locations, including university campuses and a downtown hospital. Participants were paid \$20. Ratings based on the interview and self-reports of current symptoms were employed in the quantitative analyses. In addition, the interviews of participants with moderate to high ratings on maternal and/or paternal role reversal, operationalized as a score of 6 or more on a 9-point scale, were subjected to qualitative analyses and studied in depth to explore the dynamics of role reversal.

Participants

Participants ranged in age from 19 to 86 ($M = 37.4$ years, $SD = 12.6$). Twenty-eight percent of the sample were in their 20s, 41% in their 30s, 16% in their 40s, and 14% were older. Forty-one percent were single, 39% were married (either first or subsequent marriages) or cohabiting, and 12% were divorced, separated, or widowed. Sixteen percent had partial or full high school education, 39% had partial or full college or technical training, and 45% had completed a bachelor's degree or higher. In terms of ethnicity, 38% identified a British background, 31% other European ethnicity, 7% Chinese/East Asian, 4% Latin, Central, or South American, 9% other ethnic backgrounds, and 10% did not specify an ethnicity. Finally, 28% reported an annual personal income of less than \$20,000, 25% reported \$20,000–\$29,999, 17% reported \$30,000–\$39,999, 11% reported \$40,000–\$49,999, and 16% reported an income over \$50,000.

Comparisons with 1996 Canadian Census data revealed that the sample overrepresented young adults and underrepresented older adults (12% more in the 20–39 range and 18% less in the over-60 age group), and underrepresented low income adults (21% fewer with incomes under \$20,000). In addition, the sample underrepresented Chinese and East Asian participants (7% versus 28% in the population), although we cannot make direct comparisons with census data, because reports of multiple ethnicities were permitted in the census. At least in part, this underrepresentation likely resulted from language difficulties; the telephone survey was offered in Cantonese and Mandarin, but interviews were conducted in English only. Similarly,

participants were less likely to be of Chinese/East Asian descent (7%) than were those who completed the telephone survey only (21%).

Measures

History of Attachments Interview (HAI)

The History of Attachments (HAI) is an interview schedule consisting of the Family Attachment Interview (FAI) (Bartholomew & Horowitz, 1991), which focuses on childhood experiences with caregivers, and the Peer Attachment Interview (PAI) (Bartholomew & Horowitz), which focuses on close friendships and romantic relationships. Interviews were semi-structured, permitting respondents to recount their relationship histories in their own manner and interviewers to ask follow-up probes at their discretion.

Attachment coding. The interviews were coded based on the four-category model of adult attachment (Bartholomew, 1990; Bartholomew & Horowitz, 1991). *Secure* individuals are characterized by an internalized sense of self-worth and an ability to maintain close intimate relationships without losing a sense of self. They expect their attachment figures to be supportive, facilitating inner security and behavioral competence. *Preoccupied* individuals are characterized by feelings of unworthiness and an excessive dependence on others' approval. In their attempts to get attachment needs fulfilled, the preoccupied are intrusive and demanding within relationships. *Fearful* individuals, like the preoccupied, are highly dependent on others' acceptance; however, because of their negative expectations, they avoid intimacy and avoid going to others for support due to a fear or expectation of rejection or loss. Thereby, they can avoid anticipated rejection by the attachment figure, while gaining some indirect support by not alienating the attachment figure. *Dismissing* individuals also avoid closeness because of negative expectations; however, they maintain a sense of self-worth by defensively denying the value of close relationships. Their defensive emotional stance is complemented by an avoidant behavioral stance in which they maintain distance within close relationships.

Attachment ratings were based on the entire attachment interview. Participants' descriptions of their experiences and feelings in relationships, as well as the manner in which they describe and understand their experiences (including coherence of their accounts, idealization of relationships, and defensiveness) are considered. Attachment ratings reflect participants' current attachment orientations across attachment relationships; they do not indicate the quality of their attachment to parents as a child. Secure attachment indicates positive functioning in the interpersonal domain, whereas both fearful and preoccupied attachments indicate enmeshment and a failure to fulfill attachment needs within close relationships. Finally, although dismissing individuals show positive self-esteem and low subjective distress, a dismissing attachment orientation is gained at the cost of intimacy. The interviewer, a trained attachment coder, rated each participant's correspondence with each of the four attachment prototypes (secure, fearful, preoccupied, and dismissing) on a 9-point scale, ranging from *no correspondence to prototype* to *almost perfect correspondence with prototype*. A second coder rated a subsample of 40 interview audiotapes. All coders had completed approximately 250 hours of training and passed a reliability test before being approved to code attach-

ment and probable childhood experiences from the HAI. Reliability was established by assessing correlations between the two coders: secure, $r = .73$; fearful, $r = .84$; preoccupied, $r = .75$; dismissing, $r = .78$.

Family background ratings. Coders also made a number of more specific ratings from the interviews on 1–9 scales, ranging from *extremely low or not evident* to *extremely high*. Drawing on all information in the FAI, the following variables were coded: role reversal with parents in childhood; parental acceptance, rejection, and neglect in childhood; and proximity seeking toward parents as a child. These ratings are based on coders' assessments of the interviewee's childhood experiences and do not necessarily reflect the interviewee's assessment of his or her own experiences. For example, participants often described their parents as warm and accepting despite considerable evidence to the contrary. All variables were scored separately for mothers and fathers. In addition, the presence of parental divorce or separation during the period in which the child was still living at home was coded as 0 for intact parental marriage and 1 for separation or divorce.

Role reversal indicates the degree to which the parent fails to adopt an appropriate parenting role in the parent–child relationship and the degree to which the child takes on excessive adult or parent-like roles. At low to moderate ratings (scores of 2–5), typically only the parent or the child is adopting inappropriate roles, or the role reversal is situation-specific (e.g., helping to care for a physically ill parent) or limited in time (e.g., a temporary response to a family crisis). At high ratings (scores of 6–9), role reversal is an integral component of the parent–child relationship. Here the parent is incapable of assuming a normal parenting role, and instead the child is responsible for the emotional and/or physical well-being of the parent. In judging the degree of role reversal, coders considered the age and competencies of the child and the specific family context (as suggested by Jurkovic, 1997). Intercoder reliabilities were .85 for maternal and .73 for paternal role reversal.

Acceptance describes the degree to which a parent was actively loving and accepting toward the child, including an ability to comfort the child when distressed. Intercoder reliabilities were .80 for maternal and .75 for paternal acceptance. *Rejection* indicates the degree to which a parent criticized, harshly punished, or actively avoided or ostracized the child. Rejection includes overt rejection of the child's attachment needs, such as punishing a young child for crying when injured. Intercoder reliabilities were .76 for maternal and .71 for paternal rejection. *Neglect* indicates the degree of parental involvement (or neglect thereof) in the physical and emotional care of the child, independent of the affective tone or appropriateness of that involvement. Intercoder reliabilities were .76 for maternal and .74 for paternal neglect. *Proximity seeking* assesses the degree to which the child approached his or her parents for support, reassurance, and attention, especially when upset. Intercoder reliabilities were .78 for maternal and .77 for paternal proximity seeking.

Current functioning. *Caregiving* was measured in adult relationships and was derived from the PAI. This bipolar scale assesses the tendency to look after others in close relationships, including seeking social partners who require caregiving and comfort with assuming a caregiving role when the need arises. A score of 1 indicates extreme antipathy toward and avoidance of caregiving, 5 indicates an average level of comfort with caregiving in appropriate situations, and 9 indicates an excessive

need to look after and control the lives of others at the expense of the individual's own needs. Intercoder reliability of the caregiving rating was .62.

The Trauma Symptoms Checklist (TSC-33)

The TSC (Briere & Runtz, 1989) is a 33-item, self-report measure developed to assess psychological symptoms that may be associated with experiences of trauma. Participants are asked to say how often they have experienced each symptom in the last 2 months on a 4-point scale ranging from *never* to *very often*. It was used here as a brief measure of a range of psychological symptoms. Because we were interested in assessing overall distress rather than particular clusters of symptoms, the five subscales (dissociation, anxiety, depression, postsexual abuse trauma-hypothesized, and sleep disturbance) were combined into a total distress score ($\alpha = .88$). Sample symptoms from the subscales are feeling that things are unreal, tension, sadness, low sex drive, and insomnia.

Results

Quantitative Results

Gender differences on family background variables. The mean for men's role reversal with fathers was 1.29 ($SD = .96$) and with mothers was 2.16 ($SD = 1.51$); women's mean role reversal with fathers was 2.32 ($SD = 2.16$) and with mothers was 3.03 ($SD = 2.38$). On average, women were rated as having engaged in higher levels of role reversal with both parents compared with men (with mothers, $t[124] = 2.42, p < .05$; with fathers, $t[124] = 3.36, p < .01$). For both sexes, role reversal with mothers was rated as higher than with fathers (for women, $t[67] = 2.55, p < .05$; for men, $t[57] = 4.51, p < .01$), and role reversal with mother and with father were moderately related ($r = .50$ for women; $r = .37$ for men). In light of the sex differences in role reversal, all statistical analyses were conducted separately for men and women.

With the exception of role reversal, there were few sex differences in ratings of the family background variables for the full sample. Fathers of women were judged as more accepting toward them than were fathers of men (women's mean: 4.48, $SD = 2.15$; men's mean: 3.75, $SD = 1.75$; $t[126] = 2.09, p < .05$), and, correspondingly, women were rated as showing higher proximity seeking toward their fathers than were men (women's mean: 2.93, $SD = 1.90$; men's mean: 2.08, $SD = 1.45$; $t[126] = 2.78, p < .05$). Thus, the higher levels of role reversal experienced by women could not be attributed to more difficult parent-child relationships.

Associations between role reversal and childhood family experiences. We examined the associations between role reversal and the various aspects of family background assessed in the HAI (see Table 1). As expected, ratings of role reversal with mothers were positively associated with coders' ratings of rejection by mother and father ($r[69] = .32, p < .01$, and $r[69] = .40, p < .01$, respectively), negatively with coders' ratings of acceptance by mother and father ($r[69] = -.41, p < .01$, and $r[69] = -.36, p < .01$, respectively), and positively with coders' ratings of neglect by mother and father ($r[69] = .52, p < .01$, and $r[69] = .42, p < .01$, respectively) for women. Role reversal with mother also was correlated with coders' ratings of low proximity seeking (the tendency to avoid

approaching mother and father as sources of support; $r[69] = -.28, p < .05$ and $r[69] = -.24, p < .05$, respectively). Similarly, role reversal with fathers was positively associated with coders' ratings of neglect by mother and father ($r[69] = .34, p < .01$, and $r[69] = .24, p < .05$, respectively) and was negatively associated with coders' ratings of maternal acceptance ($r[69] = -.27, p < .05$) for women. However, role reversal with fathers was not significantly associated with coders' ratings of low proximity seeking or with ratings of paternal acceptance and rejection as hypothesized. Finally, maternal role reversal only was related as expected to parental divorce ($r[69] = .28, p < .05$). Thus, for women, role reversal was likely to co-occur with the expected parental characteristics, and role reversal with mothers in particular was associated with divorce and with the child feeling unable to approach her parents for support.

In contrast, for men there were few significant associations between ratings of maternal or paternal role reversal and the family background variables. The one consistent and expected association was a correlation between role reversal and divorce ($r[58] = .40, p < .01$, $r[58] = .42, p < .01$, for role reversal with mother and father, respectively). However, in considering these findings, it is important to keep in mind the low level and restricted range of role reversal observed for men.

Overall, these findings provide some support for the hypothesized associations between childhood role reversal and the quality of parent-child relationships for women. We also tested for sex differences in the magnitude of the associations between childhood family experiences and role reversal. Significant differences were found for the following associations only: maternal acceptance and role reversal, maternal neglect and role reversal, and proximity seeking to father and paternal role reversal. In each case, the associations were stronger for women than for men.

Associations between role reversal and current functioning. Contrary to expectations, appraisals of childhood role reversal were not significantly associated with current adjustment using the Trauma Symptoms Checklist (TSC) for either men or women. Moreover, there were few associations between role reversal and current interpersonal adjustment as assessed by adult attachment orientations. For women, there were no significant associations between role reversal with either parent and attachment. For men, there were no significant associations between maternal role reversal and attachment, but paternal role reversal was moderately associated with current preoccupation, $r[57] = .42, p < .01$. Finally, we looked at the associations between role reversal and coders' ratings of current caregiving. Contrary to expectation, for women, role reversal was not significantly related to caregiving, whereas for men, both maternal and paternal role reversal were positively associated as expected with caregiving ($r[56] = .27, p < .05$, and $r[56] = .34, p < .01$ respectively).

Overall, these findings provide limited support for the hypothesized associations between childhood role reversal and current intra- and interpersonal functioning. However, the few significant findings for men are consistent with the proposition that the experience of childhood role reversal is predictive of adult enmeshment (as shown in preoccupied attachment) and elevated caregiving in adult relationships.

Qualitative Analyses of Role Reversal in Women

The qualitative analyses used to examine the family dynamics associated with role reversal were based on audiotapes

Table 1
Correlations Between Role Reversal and Family Background Variables by Sex

Background Variables	Women (<i>n</i> = 69)		Men (<i>n</i> = 58)	
	Maternal Role Reversal	Paternal Role Reversal	Maternal Role Reversal	Paternal Role Reversal
Maternal acceptance	-.41**	-.27*	-.03	.07
Maternal rejection	.32**	.23	.03	.05
Maternal neglect	.52**	.34**	.06	.17
Paternal acceptance	-.36**	-.19	-.17	.16
Paternal rejection	.40**	.19	.23	.00
Paternal neglect	.42**	.24*	.19	-.04
Proximity seeking to mother	-.28*	-.17	-.02	.07
Proximity seeking to father	-.24*	-.18	-.05	.26*
Divorce	.28*	.19	.40**	.42**

p* < .05; *p* < .01 (2-tailed).

of the FAI of only those participants with moderate to high ratings on maternal and/or paternal role reversal (*n* = 17). We used a cutoff rating of 6, because at this level role reversal is becoming an integral or defining component of the parent-child relationship. Just one man was judged to experience high role reversal, so these analyses focus on women's experiences only. Although some gender discrepancy was anticipated, this strong overrepresentation of women (16 out of 17) was unexpected. The 16 women with high role reversal were comparable to the full sample on demographic characteristics.

A comprehensive and detailed summary of the audiotaped interviews, including extensive quotes, was carried out by trained research assistants. Each interview was summarized and analyzed by two research assistants independently and then discussed with the first two authors in a joint conference. The discussions first considered participants' descriptions of their childhood experiences (family structure, the nature of the relationship with each parent, and so on) and then identified the family dynamics and the parent-child relationship dynamics involved. Employing a triangulation procedure, the two coders attempted to reach agreement on delineation of the participant's childhood experiences and family dynamics. When the descriptions and interpretations did not converge, or when one of the authors questioned an interpretation, the summaries and the audiotape were consulted, and quotes were introduced to corroborate the interpretation. This process was repeated until consensus was reached. Finally, following a strategy of deriving inductive codes (e.g., Denzin & Lincoln, 1994), the assistants and authors together discussed all cases to identify themes and highlight similarities and differences across participants in the role reversal patterns observed. For example, based on conceptualizations by Jurkovic (1997) and others (Chase, 1999; Jacobvitz, Riggs, & Johnson, 1999), aspects such as the extent of success in meeting parental expectation, power relations within the family, or the presence of erotic aspects were noted and compared. Discussions were conducted while constantly consulting the summaries until convergence in themes was achieved.

Common themes. Most of these women (13 of 16) experienced role reversal vis-à-vis their mothers. Although there were families in which role reversal with the mother was accompanied by some role reversal with the father, in all cases, the maternal role reversal was considerably stronger. In 3 of the 4 families in which the women showed role reversal with the father, it was accompanied by sexual components. With one exception, role reversal began in early to late childhood and continued at least

until the child left home. In the one case of older onset, a girl of 12 and her younger brother adopted full responsibility for their care and that of their father.

For most of the participants with high role reversal, life experiences in their families of origin were difficult, sometimes combining several risk factors: 9 reported experiencing physical and/or sexual abuse; 8 described one or both parents as alcoholic or having had a drinking problem; 10 experienced parental divorce, separation, or death; and 14 had observed dysfunctional dynamics between their parents (e.g., high levels of conflict, spousal abuse, and/or flagrant extramarital affairs).

We compared the 16 women in the high role reversal group with the larger group of women (*n* = 53) on available measures of family dysfunction. A higher proportion of the high role reversal group reported parental divorce or separation before age 20 (56% versus 19%, $\chi^2[1, N = 69] = 8.61, p < .01$). In addition, based on evaluations of the attachment interviews, parents of high role reversal women were more likely to have been rated as physically abusive toward the participant (50% versus 24%, $\chi^2[1, N = 69] = 3.77, p = .05$) or toward one another (38% versus 8%, $\chi^2[1, N = 69] = 8.90, p < .01$). Moreover, 31% of high role reversal women had experienced both forms of family violence, compared with 4% of the comparison group, $\chi^2[1, N = 69] = 10.18, p < .01$.

Another common theme in the families of these women was the presence of an incapacitated parent, typically the mother. In several cases, the mother was psychologically weak (i.e., depressed, passive, or agoraphobic). In other cases, she was physically crippled or ill for long periods, and in still other cases, mothers were described as having a drinking problem and as unstable and irresponsible. Even in the families in which the role reversal was with the fathers, the mothers were incapacitated (e.g., chronically ill, physically disabled). One group of four families stood out in which the mothers were not weak, but rather were highly dominant. These mothers were impaired in their parental roles either by being immature or by being strongly rejecting of and resentful toward their children and unable to contain their anger. The fathers presented a more heterogeneous group; however, in only one case could the father be counted on, even to a moderate degree, as a secure base or as a haven of safety for the child. Thus, most of the participants (14 out of 16) in the high role reversal group appeared to have been raised with at least one incapacitated or unavailable parent, so parental neglect was an inherent aspect of role reversal.

Another common theme was evident in responses to the question, "What did you do when you were upset as a child?"

Overwhelmingly, participants described keeping to themselves and not turning to their parents for reassurance or comfort. For example, participants said, "I would find a place where I can be alone, or eat or just stay away from everybody," "I would deal with it myself," "I would never go to my parents. I don't think they knew when I was upset," and "I would lock myself in my room. It was like fend for yourself."

Thus, these women's basic attachment-related needs for comfort and closeness when upset or distressed were not being met in childhood. This is not surprising in view of the high number of ineffectual and rejecting parents. Although the participants described expected responses to a neglecting parent, in most cases they did not report turning to anyone else for support, such as the other parent, a friend, or another adult.

Patterns of role reversal. There was considerable heterogeneity in the family dynamics described by participants. However, the interviews revealed three major patterns, each with a distinct family dynamic.

Seven women termed *guardians and protectors* appeared to exemplify the descriptions of the prototypical role reversal (Jurkovic, 1997). In some of these families, the child had excessive responsibilities for instrumental chores (cooking, cleaning, child-care), but the most conspicuous feature was the provision of an emotional anchor, reassurance, and guidance to the parent. In one case, the daughter took over the care of the family at age 9 after her mother was left disabled from an accident. She managed the entire household, including her siblings and her father, by preparing meals, cleaning, and so on. She also provided closeness, advice, and emotional reassurance to her mother. She described herself as her mother's "right hand," saying she "never left her side," and they were "a lot closer than we even realized." She said, "I was more her mom than she was mine." In another case, the interviewee helped her mother by doing most of the household chores. More important, she attempted to protect her mother from the fury and criticism of her father, whom she considered abusive and promiscuous. She saw the "suffering of her mother" and felt "responsible to alleviate it." She felt guilty whenever she left her mother, "because I couldn't be there all the time—close enough for her to talk to me as often as she wishes."

In the one case of the guardians/protectors where role reversal was with a father, the mother and a sibling were killed in an accident when the interviewee was 12, and she assumed the role of the mother, especially taking on instrumental responsibilities. The daughter also felt emotional responsibility for her father, who was lonely and started drinking heavily after the accident. She referred to herself and her remaining brother in the role reversal position:

We didn't have a lot of respect for him. We did not look at him as an authority figure. He was more like a sibling. We knew we were really the anchor for him. He did not really have a life outside his kids and his work.

A common feature of this group was some sense of closeness and acceptance from the parent who was cared for and a sense of efficacy in doing so. Interestingly, these positive feelings were apparent in the context of not being able to turn to the parent for support when upset. Nevertheless, the provision of instrumental and emotional help to a parent who appreciated that help provided some sense of efficacy and emotional connection. For example, two participants said:

Mom wasn't a hugger or a kisser, but we knew she cared about us. She was kind of manipulative in that she would

play one kid off the other by saying one was her favorite, then another. But we never doubted that she loved us.

Until I was 8 mother was very open and warm and affectionate. When dealing with the kids she would always be supportive of who they were and she would always try to provide the kids with all the things they needed.

Moreover, these participants' experiences of role reversal were not overwhelming. In terms of current functioning, the guardian/protector group reported relatively low levels of symptoms on the TSC ($M = 15.00$, $SD = 5.66$), compared with the larger subsample of women without high role reversal ($M = 18.66$, $SD = 11.16$) whose mean level of symptoms was similar to that reported of an earlier community sample of women (Briere & Runtz, 1989). Similarly, the guardian/protector group was assessed as predominantly secure in their attachment orientations ($M = 5.09$, $SD = .94$), even higher than the women without high role reversal ($M = 3.98$, $SD = 1.37$).

The second group, *compliant and pleasers*, included four women who had experienced role reversal with their mothers. Like the former group, they showed a combination of instrumental and emotional role reversal. However, these women attempted to comply with and please a mother who needed and requested role reversal, but who also was highly rejecting. We labeled them pleasers, because all members of this group described strong efforts to please their mothers, yet were unable to do so. These efforts took different forms, but most involved elements of role reversal. As an example, one woman was responsible for cooking, cleaning, and taking care of her sisters, as well as helping her mother in her decision to divorce an abusive husband. She perceived that she had to hold the family together, saying, "I was the main anchor for my family," but recounting, "I never felt good enough or that I did anything right. I never received praise from my mother or affirmation that I was a good kid." Another woman who took care of the entire household as a girl, including caring for an epileptic sister with severe behavioral problems, acknowledged:

No matter what I did, it wasn't good enough even though I was doing what I thought then was too much and what I definitely think now was too much...It was never done well enough and I was always getting in trouble anyways.

Thus, the desire to please was coupled with the sense that they were unable to gain acceptance or approval from their mothers.

The rejection by these mothers went beyond displeasure with the daughters' help. These mothers were rated as high on rejection, which took several forms. For example, one mother was reported to have abruptly told her daughter "You're an illegitimate child," causing the daughter to experience shock and feeling "like I am the cause of their [the parents'] relationship problems." Another mother told her daughter that she ruined her life because she was born, which meant that the mother could no longer do what she wanted. In addition to being rejecting, these mothers were domineering and demanded compliance by their daughters. For example, one daughter described her mother as "annoying, controlling, and bossy;" another described her mother as critical, judgmental, and hot-tempered. In three of the households, life was highly chaotic, involving unstable life conditions (moving from place to place) and inconsistent parenting.

Not surprisingly, these women all described a period of rebelliousness in their relationships with their mothers, or at least an attempt to disengage from the role reversal. For example, one woman recounted how as an adolescent she skipped school, forged her mother's name on a note, and at age 15 ran away from home. Another woman described how she transferred the responsibility for the family to her younger sister and "resigned." It is unclear why these daughters continued their efforts to please their mothers despite consistent rejection. However, we noted that in three of these families, there was at least one other sibling present who was favored by the mother (e.g., the younger siblings of a stepfather, an older brother).

In terms of current functioning, the pleaser group reported elevated symptoms ($M = 27.75$, $SD = 9.29$) compared with women without high role reversal ($M = 18.66$, $SD = 11.16$), and they showed higher ratings of fearful attachment ($M = 4.58$, $SD = 1.75$; $M = 3.49$, $SD = 1.90$, respectively).

The third group, *spousified*, included three women who were judged as having experienced high role reversal with their fathers accompanied by erotic components. In all cases, the mothers were described as showing a mix of positive and negative characteristics, whereas the fathers were described as strong, dominant figures. For example, one woman described a familial situation in which the mother was "super-mom," working long hours and then making dinner. However, she described her mom also as "cold and removed" and "never home," but when she was home, she preferred to keep busy cleaning and cooking rather than "dealing with the kids." She described her father as charismatic and a pathological liar, saying "he was intimate with me, not my mom. He would touch me inappropriately on a regular basis." As a child, the daughter craved acceptance from her father and participated actively in the intimacy he offered. As an adolescent, she tried to break away from him, which prompted him to "make a scene and accuse me of being a whore."

Another woman described her mom as sweet, gentle, and timid. The mother worked long hours, which the daughter saw as a sign of her "strength," but leaving her too exhausted to deal with her children. An alcoholic and physically abusive to the mother, the father was described as an "entertainer, very charming, and exceptionally good looking," as well as "...all ego. If you were going to talk to him, then odds are you'd talk about him." Regarding their relationship, the daughter said, "My father always adored me," and claimed that she felt closer to him than to her mom "because you always feel sorry for the underdog." She saw him as an underdog because of his drinking. The daughter described him as "sick" and felt "absolutely responsible for him."

This group was the most troubled. They remained highly enmeshed in their relationships with their parents, with their interviews being characterized by incoherence, a lack of resolution of childhood experiences, and intense emotionality. One claimed she had been diagnosed as schizophrenic. Another described recurrent seizures of unknown origin and claimed to have blocked from memory the details of an unwanted adolescent pregnancy, which resulted in a child put up for adoption. Still another described herself as having multiple personalities. This group had a high level of symptoms ($M = 24.33$, $SD = 8.62$), higher preoccupied attachment orientation ($M = 5.89$, $SD = 1.90$), and higher current caregiving ($M = 7.67$, $SD = 1.53$, on a 9-point scale) compared with women without high role reversal ($M = 3.69$, $SD = 1.68$ and

$M = 6.01$, $SD = 1.34$ for preoccupied orientation and caregiving, respectively). Spousification with the father was associated with especially problematic family relations and future outcomes.

Two participants could not be classified into any group. Both were characterized by a combination of guardian/protector and pleaser/compliant elements, with moderate levels of role reversal (6 on the role reversal scale). For example, one was characterized by extreme neglect from a mother who had 10 children, whom she only was reported to like when they were small. The daughter helped around the house, took care of siblings, and gave advice to her mom, acting in a protector role. However, her mother also was volatile, rejecting, and occasionally physically abusive, seemingly stemming from her exhaustion and her emotional instability. Thus, this daughter failed to receive the acceptance and acknowledgment for her caregiving, a characteristic of the compliant pattern.

Discussion and Conclusions

In our study, about 13% of participants described themselves as having experienced high levels of role reversal in childhood, a characteristic most common in women and connected typically with mothers rather than fathers. Thus, our results clearly underscore the potential impact of gender on the development of childhood role reversal in accordance with previous conceptualizations (Jurkovic, 1997). The reasons for this association are not clear. It could be that parents expect girls more than boys to enter a parenting role due to the distinct cultural expectations about gender (Chodorow, 1989; Gilligan, 1982), or it may be that girls are more attuned to such requests (Buchanan, Maccoby, & Dornbusch, 1991) and adopt this role more easily. It will be important for future work to address the role of gender in the development of role reversal.

Regarding family dynamics, role reversal of women with mothers (and, to a lesser extent, with fathers) was associated with neglect, rejection, and an inability to turn to the parent for reassurance and comfort. Thus, women's experience of childhood role reversal took place within families characterized by neglect of the child's attachment needs. The somewhat different pattern of associations for maternal and paternal role reversal suggests that, for women, different dynamics may be involved in role reversal with mothers and fathers. This suggestion also is consistent with our identification of a small but distinct spousified group in which role reversal occurred with fathers. In contrast, parental divorce was the only factor consistently associated with men's childhood role reversal, and only for men, role reversal was associated with current preoccupation and with elevated caregiving in their adult relationships. However, the findings regarding men should be treated with caution, as the mean level of role reversal for men was quite low.

In general and in line with conceptualizations of role reversal as not pathological in and of itself (e.g., Jurkovic, 1997), there were no significant associations between role reversal and symptoms in adulthood for either men or women. In addition, there were no significant associations between role reversal and attachment orientations for women. These findings, however, should be examined in light of the considerable heterogeneity in the family dynamics of women with high role reversal. Results from our qualitative analyses suggest that treating all forms of role reversal as equivalent may obscure important differences among women. The *guardian/protector* group exemplified the prototypical role

reversal in which the child parents an incapacitated parent and is rewarded with some closeness and appreciation. As adults they fared well, both in terms of their reported symptoms and attachment orientations. Contrary to expectations based on their childhood experiences, they did not adopt an excessive caretaker stance later. Similar findings are reported in other studies (Herer & Mayseless, 2000; Robinson & Chase, 2001). Given that positive outcomes in our study were not confined to self-report measures, we think it unlikely that these outcomes can be explained by a biased positive self-presentation on the part of participants. However, these results are limited to the outcome measures used here. Thus, examining other aspects of intra- or interpersonal functioning, employing other measures, and using a much larger sample might present a different picture.

The *compliant/pleaser* group was characterized by high rejection, and an unsuccessful attempt to please a dominant rather than an incapacitated mother. It may be that the daughters in this group were willing to continue in their role reversals despite rejection because they observed that their mothers were capable of being accepting of others. This profile of family dynamics is new, and in some respects it is not consistent with the idea that the parent is weak and needs the child to take over (i.e., Bowlby, 1980). Thus, the relational processes involved in this pattern remain unclear, although patterns of role reversal with parents who are quite dominant have been described in families of workaholics (Carroll & Robinson, 2000) and celebrities (Jurkovic, Morrell, & Casey, 2001). Our analysis suggests that these women do not fare as well as *guardian/protectors*. Their outcomes may be related to the sense of helplessness when trying to please their parent, or to the lack of parental acknowledgment of their contributions, a key parameter of less optimal developmental outcomes (Jurkovic, 1997; Jurkovic, Morrell, & Thirkield, 1999).

Albeit few in numbers, *spousified* girls experienced role reversal with sexual components with their fathers. They were the most disturbed, showing elevated psychological symptoms, elevated preoccupied attachment, and a tendency toward excessive adult caretaking. Interestingly, Jacobvitz and Bush (1996) reported similar findings in a study of women where role reversal with fathers that had an erotic component (but not with mothers) also had unfavorable outcomes. It may be that the particularly negative outcomes of spousification result from the combination of two transgressions: (a) reversing the expected roles of parents and young children and (b) engaging in sexual contact between parents and children.

The association of role reversal with divorce or with a weakness in the parental subsystem highlights the importance of the family system approach to understanding role reversal. In addition, the results of our qualitative analyses suggest that in most cases of high role reversal, parents have direct or indirect expectations that their child would take care of the household and of some of the parents' emotional needs. This indicates the importance of the relational perspective in the development of role reversal.

The strengths of our research were the study of a diverse community sample and the use of in-depth interviews, which allowed us to combine quantitative and qualitative approaches. However, we acknowledge that few participants had high role reversal (not surprising given the use of a community rather than a clinical sample), and only one man was among them. In addition, the identified groups of role reversal included few cases. Thus, the delineation of these profiles of role reversal

and the capacity to generalize our findings are limited (e.g., other profiles also may exist and might be identified in other samples), and we cannot comment on the dynamics and outcomes associated with high role reversal in men. Lastly, because we relied on retrospective accounts of childhood experiences, we recommend replication with a larger sample of participants who evince high role reversal and the inclusion of less subjective measures, preferably in a prospective design.

Implications for Research and Practice

Probably due to its origin in clinical theory and practice, role reversal is a broad concept that encompasses diverse phenomena. Thus, almost any role that children adopt to help maintain the family or to serve the parent's needs while compromising the child's own emotional needs has been considered role reversal (Boszormenyi-Nagy & Spark, 1973). In addition, a number of different forms of generational boundary violation have been considered as examples of role reversal, such as spousification, enmeshment, overprotectiveness, intrusiveness, and triangulation (see a historical summary by Chase, 1999).

Use of such broad conceptualization of role reversal makes both the interpretation of research findings and implementing therapeutic interventions difficult (for a similar argument, see Jurkovic, 1997). For example, enmeshment, a form of boundary violation involving closed, entangled, and angry preoccupation of the child with the parent, is different from more narrowly defined role reversal (e.g., a situation in which the parent depends on the child for emotional support while not responding adequately to the child's own emotional needs). Although the two processes may co-occur, each may have different antecedents and outcomes; hence, each may need different types of intervention. We found that some of these processes co-occurred (i.e., enmeshment and spousification), and several other pathological experiences were present (e.g., physical abuse). Thus, the differentiation in research and practice between the different childhood risk factors is not easy, and some of the unfavorable outcomes linked to role reversal may be a function of these associated experiences. To further advance research and clinical insight it is important to disentangle these different processes, when possible, to examine their correlates and clinical outcomes separately (see Barnett & Parker, 1998, Jacobvitz, Riggs, & Johnson, 1999, and Walker & Lee, 1998).

To clarify the meaning of role reversal, Jurkovic and colleagues (1997; Jurkovic et al., 1999) recommended considering several parameters, such as age appropriateness, cultural context, and the extent to which the child's contributions are acknowledged. We add to these that the different dynamics (e.g., enmeshment, intrusiveness, triangulation) also should be noted and examined separately for their antecedents and outcomes. For example, in clinical practice, enmeshment might be most effectively dealt with by attempting to understand the unfulfilled fantasies that keep the person entangled in the relationship and to help the client come to terms with and relinquish these fantasies. In contrast, role reversal may be better confronted within a family systems-oriented intervention where role reversal is seen as reflecting a disturbance in the entire family rather than a problem of the individual parent and/or child.

Further, our results point to the importance of delineating profiles of family dynamics associated with role reversal, both for research purposes and for clinical practice. For example, we found that role reversal without strong rejection and without

spousification was not a risk factor. Hence, when encountering a case of childhood role reversal, it may be important for clinicians to target for change parental rejection or spousification rather than the actual role reversal. Targeting parental rejection as part of family therapy can entail understanding the source of the parent's incapacity to serve as a secure base for his or her child and trying to resolve it. Use of dynamically oriented intervention in which the therapist serves as a secure base for the parent could be a useful adjunct to a family-oriented approach by enhancing the parent's own sense of security and helping the parent to become a better secure base for the child (Byng-Hall, 2002). Our results also underscore the pathogenic nature of spousification even in family situations where sexual abuse is not present and there is no legal obligation to report the case to authorities. In such cases, a structural family approach, which includes a focus on strengthening the pair bond between the parents (e.g., Johnson, 2002), may be most effective, because it could redirect sexual attention from the child to the spouse.

In summary, we recommend that practitioners encountering childhood role reversal differentiate among the different forms that role reversal may take and examine the specific correlates of each. Further, practitioners are advised to consider diverse approaches to conceptualizing and understanding role reversal, including structural, relational, and child effects.

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