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# Codependency and Dependency Relationships in Biographical Experiences of Parentification

Współzależnienie i relacje zależnościowe  
w biograficznych doświadczeniach parentyfikacji

## ABSTRACT

The article combines conceptual analysis with research. The research goal was to analyze the possibility of juxtaposing two concepts: codependency and parentification in the family. The subject of analysis was dependent family mechanisms that are activated in crisis situations and serve to maintain family functionality. The article supplements previous research on the phenomenon of role reversal in the family and its strong embedding in dependent family relationships. Analysis of autobiographical narrative interviews conducted using the technique proposed by Fritz Schütze were used as an exemplification of this problem. By using a retrospective and lifelong view of parentification and family processes, we were able to identify symptoms of codependency in reversed family roles: responsibility, dependence and taking over duties. According to the adaptive model, they perform the function of adaptation, but with a dysfunctional and often destructive effect on the individual. The system theory was used as a theoretical background, which also provided the basis for constructing the concept of "parentification". Concluding remarks call for broadening the perspective of recognizing and analyzing the experience of dependency in the family.

## KEYWORDS

parentification,  
dependency  
relationship,  
codependency, roles in  
the family

## SŁOWA KLUCZOWE

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## ABSTRAKT

Artykuł ma charakter koncepcyjno-badawczy. Celem naukowym było przeanalizowanie możliwości zestawienia dwóch konceptów: współuzależnienia oraz parentyfikacji w rodzinie. Przedmiotem rozważań uczyniono zatem zależnościowe mechanizmy rodzinne uruchamiane w sytuacjach problemowych i kryzysowych, a służące utrzymaniu jej funkcjonalności. Artykuł stanowi uzupełnienie dotychczasowych badań nad zjawiskiem odwracania ról w rodzinie oraz silnego ich osadzania w zależnościowych układach rodzinnych. Egzemplifikację dla czynionych tu refleksji stanowiły analizy autobiograficznych wywiadów narracyjnych zrealizowanych przy zastosowaniu techniki zaproponowanej przez Fritza Schützego. Retrospektywne i przyjmujące pespektywę całościową postrzeganie parentyfikacji oraz procesów rodzinnych pozwoliło na wskazanie symptomów współuzależnienia obecnych w odwróconym porządku ról rodzinnych: odpowiedzialności, zależności i przyjmowanych obowiązków. Zgodnie z adaptacyjnym modelem, także tutaj pełnią one funkcję adaptacyjną, mającą jednakże charakter dysfunkcyjny i często destrukcyjny dla samej jednostki. Teoretycznym tłem w podjętych rozważaniach uczyniono teorię systemową, która jednocześnie stała u podstaw konstruowania pojęcia „parentyfikacji”. Refleksje i końcowe wnioski prowadzą do postulatu poszerzania perspektywy rozpoznawania i analizowania doświadczeń zależnościowych w rodzinie.

## Introduction

The research I have carried out on parentification leads to a number of important accounts of this family experience. Placing the issue within a systemic understanding of the family usually directs the researcher's attention towards the roles, dependencies and correlations occurring in it, hence this attempt to juxtapose two phenomena: family role reversal and codependency. This seems to be a new perspective on the problems of the functioning of the family system and the relationships between its members. Finding examples of these experiences in the autobiographical narrative interviews, in this article I suggest broadening the analysis of dependency relationships in the family.

## Parentification — the essence of the phenomenon

The term “parentification” was first used in the 1970s by Salvador Minuchin and colleagues (family systems theoreticians) (1967) to describe the phenomenon of intra-family role swapping between child and parent(s). In such situations, the child takes on or is imposed with tasks and responsibilities for the safety and well-being of family members (mainly parents, but also siblings, grandparents, etc.). These tasks are usually beyond the child’s strengths and developmental level, and they are not part of the child’s role (Earley, Cushway 2002).

These tasks can be twofold—instrumental and emotional—as reflected in Nancy D. Chase’s definition of parentification: “Parentification in the family involves a functional and/or emotional role swap as a result of which the child sacrifices his/her own needs for attention, security and developmental support in order to adjust to and care for the instrumental or emotional needs of the parent” (Chase 1999: 5), hence the distinction between instrumental and emotional parentification (Minuchin et al. 1967). The former involves concern for the material existence of the family and the satisfaction of its physical needs. The child is used for various household chores (cooking, cleaning, shopping, laundry, and caring for a sick family member) or to care for siblings and other family members (Di Caccavo 2006). In turn, emotional parentification is concern for meeting the emotional and psychological needs of parents and/or siblings. A child experiencing this type of parentification may function as the parents’ confidant, sole support, companion, mediator in family conflicts, mate-like figure, or nurturance provider (Jurkovic et al. 1999; Hooper 2008a; Hooper 2008b; Schier 2015).

In understanding the structural family system theory (Minuchin 1974), the borders between family subsystems are infringed when there is a reversal of roles, which results in the child being placed in the position of a parent. The blurring or distortion of the boundaries between the child and the parental subsystem can be seen as problematic, as the child ceases to function within generational boundaries (Sangi et al. 2013), becoming the “parental child” (Minuchin 1974) who takes over the responsibility for the “adult” areas of family functioning (Chojnacka 2022). This situation, in a way, forces them to leave the world of children and take on the responsible roles of

a caregiver, decision-maker, counsellor, educator, partner, servant, defender, confidant, intermediary, organiser, and/or breadwinner for the family (Chojnacka 2021).

Long-term role reversal can have many negative as well as positive consequences for the child acting as a parent. Thus, Gregory J. Jurkovic (1997) distinguished between destructive (pathological) and constructive (healthy, adaptive) parentification (Jurkovic 1997). The former implies overburdening the child with care responsibilities, the child feeling responsible for long-term, functional care (Hooper 2007) and the child being unable to meet their own needs due to focussing on the needs of the family (Earley, Cushway 2002). Such parentification is also treated as a kind of child abuse because it implies a certain shift (more or less abrupt, depending on the family's situation) from the position of a child (who needs support and care) to the position of an adult, which is often a traumatic experience. The mechanism of the child taking over responsibility in the family is based on a sense of loyalty, a shared responsibility for the family system and the strength of family bonds. The consequences of such a shift may be (and usually are) very severe (Chojnacka 2018a). However, researchers also notice the adaptive nature of parentification. Taking on tasks that require caring for other family members makes the parentified child more competent, independent and effective in action (Schier 2015). Assessing family roles and the processes of role reversal is possible precisely from the perspective of the consequences arising from them. Therefore, when analysing this phenomenon, it is necessary to take into account factors such as the openness in defining the child's tasks, the nature of the child's work, the scope of responsibility, the appropriateness of the tasks to the child's developmental stage, the person to be cared for by the child, the degree to which the child internalises the needs of the carers, the type of boundaries in the family and the legitimacy of the tasks performed or the responsibility taken on by the child (Jurkovic 1997).

### Mechanism of dependency and codependency

In order to situate research into the experience of parentification in familial relationships, the main elements of the mechanisms behind codependency and dependency that arise there must be identified.

The following discussion follows two trends that often overlap each other. The first refers to the well-established scientific definition of codependency, which is related to the co-functioning of a child in an environment (family) with a person addicted to alcohol, psychoactive substances or specific behaviours. According to Jerzy Mellibruda and Hanna Szczepańska (1989a), codependency on an addict is considered to be a specific form of addiction, consisting in dependence on both the addict and their problem, i.e. their alcohol abuse. Therefore, it involves centring one's thoughts, feelings and behaviour around the drinker, feeling the need to control the drinker's behaviour, believing in one's own influence in maintaining safe drinking levels and developing rigid and restricted patterns of behaviour towards the family member's drinking. The second trend includes a broader view of codependency understood in terms of dependence on other people and their behaviour. According to Melody Beattie, "a codependent person is one who makes it possible for another person's behavior to affect them in a negative manner and who obsessively tries to control the person affecting them in such a manner" (Beattie 1986: 53).

The division cited above corresponds to the three models of the concept of codependency identified in the literature:

1. biological (psychopathological) model—codependency is treated as a mental illness that results from the addict's functioning in the person's immediate environment and one that requires treatment (Cermak 1991). This model assumes that the codependent person has at least three types of disorders, such as difficulties regulating emotions, depressive states, functioning under constant tension and stress, compulsive control, anxiety, psychosomatic disorders, excessive use of psychoactive substances and long-term functioning in a close relationship with the addict without seeking outside help (Cierpiąłkowska 2000).
2. personality disorder model—repetitive and rigid patterns of thinking and acting appear as a consequence of persistent psychological stress in family members experiencing addiction (Sztander 2011). It is associated with a deprivation of needs, which likely originated in childhood and adolescence (Cierpiąłkowska, Ziarko 2010). Symptoms of codependency according to this concept include persistently concentrating

one's thoughts on the actions of the addicted person, acquiescing to suffering more and more consequences because of them, emotional problems, depressive moods, neurosis, psychosomatic disorders and feelings of hopelessness and emptiness (Sztander 2006).

3. adaptive model—codependency is treated as a reaction to stress. The primary stressor is the addiction and the behaviour of the addict in the family, perceived by its members as a threat to the whole system (Zaluska, Kossowska-Lubowicka 2009). Jerzy Mellibruda and Zofia Sobolewska describe such family relationships as follows (using the alcoholic family as an example): “the lives of all members of an alcoholic family are associated with a state of chronic tension and emotional overload. This is true not only when an addict is present at home and when he or she is intoxicated” (Mellibruda, Sobolewska 1997: 421). Thus, codependency can be seen in adaptive terms: we are talking about family members’ mechanisms of adaptation to living in a family system touched by addiction or dysfunctional dependence on another person (Sobolewska-Bala 1996). It is therefore a reinforced, long-lasting form of participating in a difficult, destructive situation that significantly restricts the free functioning of family members, impairs their quality of life and blocks change for the better (Szczulkiewicz 2019).

## Features of dependency — adaptive model

The considerations in this article largely refer to the adaptive view of codependency. It is therefore worth noting its main features and symptoms. In the context of family life, there is a dependence on others, which in fact stems from basic human needs, namely the need for acceptance and belonging (Maslow 1954).

### a) Overdependence on others

The family is the space in which we locate our feelings, commitment and self-esteem, and where we receive acceptance and a sense of belonging. At the same time, it is within the family that relationships are characterized by their greatest strength and intimacy, whilst interdependence seems to be its intrinsic attribute. That is why those

relationships can take a pathological form, an example of which is overdependence on others. Individuals in a dependent relationship locate their value, happiness and meaning of life in others (Flis 2022). Certain patterns of thinking emerge that result from and reinforce this dependence on others: making one's self-esteem dependent on the control exercised over others and the situation of the family, a strong sense of responsibility for meeting the needs of those in the immediate environment, strong identification with the needs of others (blurred boundaries between "I" and "not I"), fear of rejection, tendencies to enter into relationships with people experiencing disorders, addictions or problems with self-control (Ciepialkowska, Ziarko 2010; Flis 2022).

#### b) Overprotectiveness

One of the key aspects of codependency is overprotective behaviour, mainly towards the addict. Such behaviour results from the belief that they are incapable of coping on their own and therefore need to be cared for (Flis 2022). Overprotective behaviour towards others, in the case of co-dependents, manifests itself in excessive concern for others, e.g. in doing things for which one is not responsible, being continuously ready to meet the needs of others whilst neglecting one's own needs, considering the welfare and needs of others to be more important than one's own, justifying others—especially the addict (creating explanatory theories or excuses), imposing one's help on others and making others dependent on it, taking over the commitments and tasks of the addict, repairing damage caused by the addict, hiding the effects of the addiction and taking full responsibility for children or other family members (Beattie 2009; Flis 2022). Overprotective behaviour makes the codependent person an "accomplice of the addict" (Flis 2022), as they do much to protect the family whilst, in reality, they reinforce the problematic situation.

#### c) Responsibility

Functioning in a family with an addiction problem generates a significant sense of responsibility in its other members. "Codependents ... believe that they are the strongest characters in the family, which makes them feel great pressure and compulsion to take on the role of the only responsible person in the relationship, despite

personal exhaustion” (Flis 2022: 89–90). This involves taking control for the sick/dependent person, other household members, carrying out someone’s duties and tasks and sometimes replacing the addicted family member (Rys 2008). In such a case we can speak of over-responsibility, i.e. an extreme sense of responsibility for the sick person and the family system. The codependent person takes it on himself/herself in a kind of automatic way, as close and most intimate relationships are involved. The assumption of responsibility is a loyalty response to a family system in need of protection from a chronic crisis such as addiction.

d) Roles of the child in the relationship with an addict

“Stable” functioning of the family system is so important to its members that, by taking (co-)responsibility, children also carry out specific tasks within it. Sharon Wegscheider-Cruse (1989) lists the following roles: accomplice, family hero, scapegoat, lost child and mascot. Each of these reflects a pathological adaptation to living in a family experiencing addiction. The *accomplice* is the child who protects the parent in the addiction, accompanies them and carries a kind of umbrella over them, which often allows the addict to avoid severe consequences. A strong sense of control makes the child feel responsible for the parent (Flis 2022). The *family hero* is a strong, brave child who gives everyone reason to be proud and provides family value, coping in almost any situation and stabilising the family situation (Gašior 2012). Their work results in a positive image of the whole family in the eyes of those around them, who do not see the family’s problems (Stanger 2020). The child makes a huge effort, is constantly on standby and under tension and gives up their own needs, plans or dreams to satisfy others; they are only able to give (Robinson, Rhoden 1998). The *scapegoat* is an unbridled soul who seemingly detaches from and rebels against the family, escaping into the reality outside the family. The forms of such rebellion are often destructive (truancy, fighting, stealing, bad habits, etc.). This results in constant upbringing problems which, in fact, focus the family’s attention on the child, diverting it from the actual source of the family system’s problem (Flis 2022; Stanger 2020; Woronowicz 2001). The *lost child* is an “invisible child” who tries not to cause additional worries for family members and not to be absorbed with the child. They



often escape into the world of dreams, passions and imagination, distancing themselves from the real world where they she experience suffering (Robinson, Rhoden 1998). The *mascot*, or the joker/clown, is a child who relieves tension in the family through jokes, laughter and positive emotions, thus improving the mood of those closest to them. The role of the family clown is to be a kind of mask behind which they hide their insecurities and suffering, and through which they obtain at least an apparent sense of influence on the situation (Flis 2022; Stanger 2020; Ciosek 2011). All these roles turn out to be ones in which the child, in a certain way, takes responsibility (all or part of it) for the family and its problems. Moreover, the family hero may, over time, become a lost child who cannot cope with themselves, whilst the mascot, under the influence of various factors, may become a family hero who takes on the duty of saving the family from total disintegration (Krawczyk-Bocian 2013).

#### e) Reflection in a mirror

The behaviour of a codependent person appears to parallel that of an addict, as it is shaped almost simultaneously, and has therefore been described as “a reflection in a mirror”.

- Both the addict and the codependent person focus on the addiction. The former seeks an outlet for their tension; the latter tries to stop it and, over time, is only concerned with controlling the addict.
- The addict believes they can control their addiction, whilst the codependent person wants to control their own controlling and overprotective tendencies.
- The dependent person is not able to stop their addiction, and the codependent person is not able to abandon the addict or to stop trying to influence them (Flis 2022).

These aspects clearly indicate that codependent persons function in strict subordination to the addicted family member. This relationship is characterised not only by responsibility, but also by a kind of enslavement.

## Methodology of the research

The reflections presented here, linking the mechanism of codependency to the phenomenon of parentification, are based on the biographical research conducted for my doctoral thesis, which was defended in 2019. The research used the technique of autobiographical narrative interviewing by Fritz Schütze (1983). It involved 25 participants (aged 20–67 years; 8 men and 17 women), recruited purposively from at-risk groups (addiction in the family [both parents and siblings], illness or disability, a lot of children in the family, single parenthood [permanent or temporary] and families experiencing conflict/divorce), who may have experienced role reversal in the family during their childhood (Schier 2015).

In the course of the study, the interviewees were asked to share their life stories and to construct narratives, especially about family experiences. The material was analysed, making it possible to reconstruct the process of role reversal in the family system and to learn about the nature of the relationships between its members (Chojnacka 2021).

For the purpose of this article, the following question was formulated: what symptoms of codependency are present in people who experienced parentification in childhood? In searching the narratives for an answer, I attempted to identify similarities between the mechanism of adaptive codependency and relationships in a family with a reversed order of roles.

## Codependency in the experience of parentification

The phenomenon of parentification, as a process taking place within close intra-family relationships, is a field of analysis on the interdependence of family members. The analysis of the narratives made it possible to link the two concepts adopted here: role reversal in the family and codependency. It turns out that the family system employs dependency mechanisms in order to survive, to maintain its (sometimes seeming) functionality. A systemic understanding of the family is therefore the main concept adopted here to support the interpretation of the processes. In addition, theories of social roles and attachment are also applicable. In the following part of the

article, individual elements of codependency identified in the theoretical part will be summarised together with examples from the narratives.

### Dependency

The family is a natural space for interdependence, and in difficult crises forces are activated within the family to maintain the bonds. One such crisis includes the situation in which the family roles are reversed. The strength of family relationships gives rise to interdependence in which family members usually feel a kind of compulsion to protect the family system—to care for their loved ones, their well-being and their security. This usually manifests itself in actions taken out of a sense of duty, obligation or loyalty: “I had to do that”; “This was the right thing to do”; “There was no other choice.” The following excerpts from the interviews reflect this perfectly:

Without complaining, no-one rebelled against this situation; it was simply the right thing to do, we felt, because we saw in this way that we weren't sinking, that we were staying on the surface. (W21, man, aged 37)

And us... we tried to put the pieces together; I don't know... what we were responsible for. Well, the family was dysfunctional, so we had to take up some roles to make it work somehow; that's why we had to help her. I think Mum was not often very nice to us. She demanded a lot from us. A grade that was lower than five was of no importance to her. I don't know where that came from. (W14, man, 30)

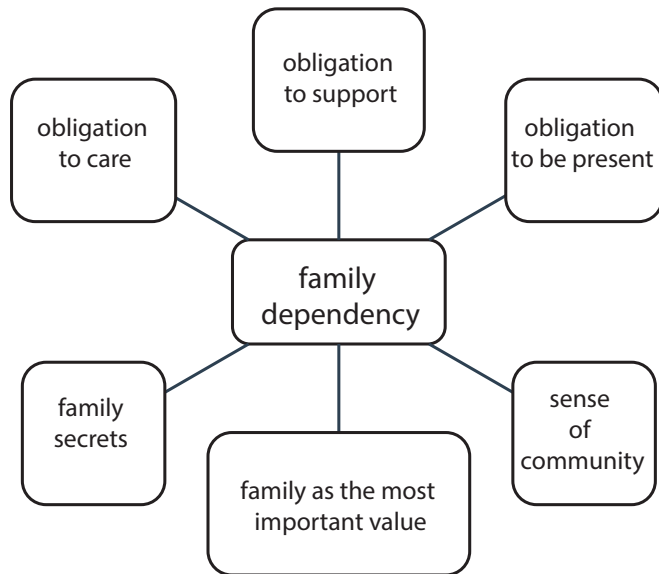
Mother was more and more unhappy, and I had to, in that situation, pretend that everything was OK. The most important thing for me at that time was not to let anyone know that my father wasn't living with my mum. I was desperate to keep it a secret; to... I don't know; not to let anyone see my father drunk. (W3, woman, 42)

When I had to deal with organising a pension for my father, I didn't have any problems with it; I was able to talk to a director or a professor, because I had done that all my life; I just had to explain things to people. So, that reversed role was indeed present in my life since early childhood [...]. We simply knew that our parents had such a problem and we had to help them; we just needed to support them. (W8, woman, 35)

The lack of any other option, the feeling of being entangled in a problematic family situation and a specific kind of dependence on

it, which we can see in the above statements, formed the basis for activating other than adult subsystems, i.e. the children. The family was the most important environment for them, so they felt obliged to do everything to protect it. One can see in this a strong sense of duty to care, to support, to accompany and to hide problems—which turn out to be the essence of the dependency mechanism discussed here (Figure 1).

**Figure 1.** Mechanism of dependency in a family system with parentification



Source: Own elaboration.

The need to belong somewhere, which is fulfilled by one's primary group—undoubtedly the family—is transformed in a situation of role reversal into a mechanism of dependence on the family system. The child taking over the tasks of the adults in the family seems to have no other option in a crisis situation. Because of strong ties the child tries to rise to the challenge, but these tasks are often inappropriate for their developmental stage, readiness or skills. After all, the child's existence, worth and immediate environment depends on the permanence of the family. Thus, codependency is adaptive in nature. The parentified child, functioning in total emotional and instrumental dependence on the family as a system, their relationships with family

members, the situation in which they find themselves, the phase of development of the family and its history and values (in the sense of various transmissions, patterns or traditions), faces the need to adapt to the conditions in which the family must function.

### Responsibility

In their role as an adult in the family and part of the parental subsystem, the child takes on, as it were, the attributes of the parental role: responsibility, concern, support and care (Chojnacka 2021). The basis of the mechanism of parentification turns out to be a sense of responsibility for family members. It becomes an element that combines two types of role reversal in the family: instrumental and emotional. In both of them, the child receives a specific range of tasks. Analysing the category of responsibility in the child's relationship with parents and other family members, Małgorzata Kościelska pointed to its specific manifestations: blaming the child for the parents' psychological condition (frustration, bad mood, etc.), attributing to the child responsibility for the well-being and stability of the family, entrusting the child with caring tasks and perceiving the child as the parent's partner or someone to support the parent (Kościelska 2011). Responsibility is above all one of the main motives for role reversal in the family; it is also a manifestation of this phenomenon and one of its consequences (Table 1).

**Table 1.** Responsibility as a motivation, manifestation and consequence of parentification

Responsibility as a motivation for parentification	Excerpts from interviews
Cause of parentification	<p>I felt responsible, but once Dad told me that he drank because of me, so for my whole life I've believed that this was totally my fault, because he told me he started drinking when I was born; when he saw that I was a girl, that it was me... and so he started drinking [...]. For all my life he tried to convince me that it was because of me; that I was the one responsible for this, so I felt responsible for it. I believed that if I hadn't been born, my father would not have been drinking and my mum would have had a better life. (W16, woman, 23)</p> <p>I mean, I've actually had a sense of responsibility since I was a toddler, and most notably since I had to physically defend my mother, whilst still an actual child. Because how could you not feel a sense of responsibility when an adult man tells you one day you may not wake up, you and your mummy? And you're just 10 years old at that time, and you know that if you don't defend your mother, you just may not have a mother, you'll be left alone then. (W13, man, 24)</p>
Symptom of parentification	<p>It's kind of a sense of responsibility for his addiction or something; for such a thing of ours together as a family. It's a sense of having a family secret that can't be revealed, as it may destroy your reputation somewhere. Because I also knew that my friends' parents were doing all sorts of things, you know... And for my mum... the sense of responsibility for my mum... For me, she... for me she's just always been an authority figure, really... I remember when I was always describing some authority figures in primary school, I was always describing her. (W7, woman, 29)</p> <p>Yes, I felt very responsible, especially with my perfectionism and that sense of control. And also, with that being a child hero. The child hero has the house on his shoulders, and I was worried about everyone in the family. I was worried about my mum, how she was going to get back from work; whether my father was going to come home from work drunk or not; I was thinking about what it was going to be like; what dinner was going to be like, whether it was going to be tasty or not; what the activities for the day were; whether it would be necessary to tidy up today; how my brother was doing at school; whether he's coping or not coping; whether it's going to be a scene again, because my brother didn't care much about school—he was passing to the next class, but didn't really care about grades, etc. (W17, woman, 33)</p>
Consequences of parentification	<p>And also, the relationship with my brother was a little bit distorted because of that, because I took on the role of a father, so I became responsible for my brother, you know; I made sure that he studied and so on, so that he didn't get into bad company, and because of that our relationship was distorted and it lasted for a long time; in fact, this relationship changed when my brother was 40 years old. (W20, man, 46)</p> <p>It was only later, when Mum died and Dad was, so to say, absolutely dependent on us, on me; then I felt life was unfair because I had to sacrifice my things. I realised that I should think about my own development, I don't know... that I should aim at finding a good job, graduating, passing my exams, etc., but I have to leave all this to help my dad. I just knew he couldn't cope without me, so I had this sense of responsibility. But it was a bit later, when I was in secondary school, because that was when he left our house. I was 15 at that time and since then I remember that my mum always gave up, making me bear this burden, right? (W8, woman, 35)</p>

Source: Own elaboration.

This threefold view of responsibility in the experience of parentification reveals the complexity of this process based on the strength of intra-family relationships and dependencies. This responsibility becomes apparent in the family roles assumed by the child which are normally ascribed to adults.

## Roles

The experience of parentification is a process that, in the narratives, is shown in the interviewees' history: from their childhood, usually described as carefree (childhood proper), through the transitional phase associated with a family crisis (chronic or sudden) and the resulting attitudes of parents expecting support from their children and delegating specific emotional tasks to the child that were fulfilled and internalised (Chojnacka 2021). In this context, it is worth noting how much the roles of the child in a family with an alcohol problem and the roles of a parentified child have in common (Table 2).

**Table 2.** Roles of the child in a family with an alcohol problem and roles of a parentified child

<b>Roles of the child in a family with an alcohol problem</b>	<b>Features</b>	<b>Roles of the parentified child</b>
accomplice  family hero  scapegoat lost child/mascot	<ul style="list-style-type: none"> <li>• the family, its functioning and its permanence are the top priorities</li> <li>• in a crisis, the child is motivated to support the family</li> <li>• the child ignores their own needs</li> <li>• the child becomes emotional support for the family</li> </ul>	caregiver educator servant defender counsellor decision-maker partner confidant mediator guilty organiser breadwinner

**Source:** Own elaboration based on: Wegscheider-Cruse (2000).

The roles presented in Table 2 are a kind of reflection of the common characteristics that emerge in both families with the problem of alcoholism and families in which a child is parentified. In both situations, the set of tasks and responsibilities is orientated towards

the well-being of the family system. The circumstances in which the narrators' families found themselves forced the family members, in this case the children, to take action. In both cases, these actions were intuitive, reflecting the family's current assessment of the situation and using the resources available to the child. It may seem that the parentified child is solely the hero of the family. However, it turns out that adult tasks are also taken on by children acting in the roles of mascots, scapegoats, accomplices or lost children (first column in Table 2). Each of them, in their own way, tries to relieve the burden of the parents' subsystem, relieve their suffering and support them by carrying out the tasks of a caregiver, educator, servant, defender, advisor, decision-maker, partner, confidant, intermediary, culprit, organiser and breadwinner (third column in Table 2). This gave them a sense of agency or influence over the situation, but at the same time resulted in loneliness and an overload of responsibility (Chojnacka 2020). The following excerpts from the interviews reflect this:

On the other hand, I knew that I could no longer count on anyone, right? Nobody to help me. So, I had to take care of dad, and to this day I still feel remorseful that I didn't take care of him enough, because dad died this year, in March. (W8, woman, 35)

I had to do almost everything on my own. (W10, woman, 35)

I felt responsible for both of them. They made me carry this burden; I actually had to take care of them. (W10, woman, 35)

I felt that I had an influence; that I could give a truce; that there would be no brawls here; that no-one would beat each other up; that I would go in and there would be this peace and quiet, because... I don't know, I don't know what caused it. (W4, woman, 37)

And because our parents were so involved with him [the brother], I had to cope on my own; I always heard that P. [the narrator] would cope, that she would manage, that she was brave. And I just wanted to be a child who didn't have to worry about whether my brother would come home drunk today; who didn't have to decide for my mother whether to call the police, whether to hold him or drag him away, whether to drive around the village for hours looking for him and then beg the police not to issue a ticket because we only had 20 minutes to get him to the medical centre. (W12, woman, 25)

These statements allow us to consider the process of parentification as an adaptive mechanism of codependency. This is because, by



combining the child's dependence on family members, the functioning of the whole system, responsibility for the family and the assumption of specific roles, the above situations forced the parentified child to adapt to and protect their loved ones from the consequences of the family situation. On the one hand, this is the child's dependence on the family, which triggers specific mechanisms; on the other hand, it is the parents' or family's dependence on the parentified child's actions. Strong family ties, as well as the need for closeness and security, reinforce the dependent family system. In crisis situations in which parental inefficiency occurs, this results in a dysfunctional adjustment of family members, especially of the parentified child.

I felt responsible for him, for what he was doing, and at some point I also realised that I was also in some way co-dependent on him; I started to be co-dependent on his addiction; because I was justifying his behaviour, I was trying to save him somehow. You know, for me it was saving him. But it was in my head, it was just in my head, because it wasn't really saving but making things even worse. (W7, woman, 29)

### Consequences of a dependent system of family relationships

Childhood and adolescence lived with a sense of responsibility for loved ones are no longer carefree. They become a source of individual difficulties and consequences noticed in the short- or long-term. Although research on the experience of parentification points to the positive aspects of role reversal in the family, here a particular emphasis is placed on the destructive ones, i.e. the adverse effects of the family situation on the child and their later adult life. A child taking on the role of a parent is usually not ready to be responsible for others. However, it turns out that much depends on whether they take up this role despite feelings of injustice and inadequacy. The parent's failure to respond to the child's emotional needs results in the child becoming preoccupied with everyone around them and trying to fulfil their own needs. The variety of tasks handled by the child deprives them of time to learn, play and interact with peers. A sense of loneliness and isolation also results from this. The concern for the family and its existence can contribute to the formation of an attitude described as a destructive sense of responsibility, which means that the child in the role of a parent gives up their own dreams, plans and

opportunities for development in favour of supporting and accompanying loved ones in their problems (Chojnacka 2018b). It implies not only a relationship of dependence, but even of enslavement. The parentified person, in a way, becomes trapped in the family's problems, stuck in the belief that without them their loved ones would not cope, and that they cannot cope without their family (Chojnacka 2021).

Adults who have experienced parentification in childhood, just like “adult children of alcoholics”, tend to adopt attitudes shaped by the family home, based on the mechanisms of codependency. These include a high sensitivity to the needs and emotions of others and a focus on their well-being, locating one's own satisfaction in others' achievement of happiness (Ackerman 1987; Flis 2022), often a compulsive need to look after others and be in control, an inability to refuse (and allowing others to take advantage) (Chojnacka 2021) and a tendency to build complicated relationships with dysfunctional people (Ackerman 1987). These consequences are specific echoes of family experiences in the life of a parentified person, and they influence both their childhood and adult life.

## Summary

The family system, as such, is an interconnected system of vessels based on a coupled relationship of mutually dependent elements. Its main tasks are sustainability and functionality, which means that it will activate all its potential to maintain a state of relative homeostasis (Kim, Rose 2014). On this basis, there is space for forming and developing adaptive—and, at the same time, dysfunctional—relationships of dependency and codependency. As can be inferred from the findings presented in this article, it is on such mechanisms that role reversal in the family (parentification) is based, and individuals who can be described as “parentified” in childhood manifest the main symptoms of codependency: being dependent on loved ones and the feeling that they are dependent on them, being responsible for the family system and taking on significant roles, including protective roles. These have an adaptive function in that they allow the family system to survive. However, it is a dysfunctional or even destructive adaptation, as it has been shown to lead to many of the negative

consequences experienced by parentified individuals, in both childhood and adulthood.

Taking into account the above conclusions, it is necessary to postulate a broader perspective of recognising and analysing dependency experiences in the family. It turns out that reducing them exclusively to the problem of dependence can lead to important symptoms—which are significant in pedagogical and therapeutic work with the family—being overlooked, or to the scope of preventive activities being limited.

## Bibliography

- Ackerman R.J. (1987). *Let Go and Grow: Recovery for Adult Children of Alcoholics*, Deerfield Beach (FL): Health Communications.
- Beattie M. (1986). *Codependent No More: How to Stop Controlling Others and Start Caring for Yourself*, Center City (MN): Hazelden Publishing.
- Beattie M. (2009). *The New Codependency: Help and Guidance for Today's Generation*, New York: Simon & Schuster.
- Böszörményi-Nagy I., Spark G. (1973), *Invisible Loyalties: Reciprocity in Intergenerational Family Therapy*, Hagerstown (MD): Harper & Row.
- Cermak T. (1991). "Co-Addiction as a Disease," *Psychiatric Annals*, vol. 21, no. 5, pp. 266–272.
- Chase N.D. (1999). "Parentification: An Overview of Theory, Research, and Societal Issues," [in:] N.D. Chase (ed.), *Burdened Children*, New York: The Guilford Press, pp. 3–34.
- Chojnacka B. (2018a). "Destrukcyjne odwrócenie ról w rodzinie jako forma przemocy utajonej," [in:] E. Borys, J. Frankowiak, L. Willan-Horla (eds.), *W poszukiwaniu sposobów przeciwdziałania przemocy domowej*, Olsztyn: Centrum Badań Społecznych UWM, pp. 125–134.
- Chojnacka B. (2018b). "Destructive Sense of Responsibility in Individuals with Experience of Parentification: A Biographical Perspective," [in:] D. Keller, K. O'Neil, H. Nicolaisen, D. Schungurensky, J. Villaseñor (eds.), *Social Pedagogy and Social Education: Bridging Traditions and Innovations*, Phoenix (AZ): Social Pedagogy Association, pp. 33–39.
- Chojnacka B. (2020). "The Loneliness and Isolation of the Parentified Child in the Family," *Paedagogia Christiana*, vol. 45, no. 1, pp. 83–99.
- Chojnacka B. (2021). *Doświadczenie parentyfikacji. Perspektywa biograficzna*, Kraków: Oficyna Wydawnicza „Impuls”.
- Chojnacka B. (2022). "Przekraczanie granic subsystemowych w rodzinie – analiza doświadczeń młodych opiekunów (young carers) w kontekście praw dziecka," *Paedagogia Christiana*, vol. 50, no. 2, pp. 143–163.

- Cierpiałkowska L. (2000). *Alkoholizm. Przyczyny – leczenie – profilaktyka*, Poznań: Wydawnictwo Naukowe UAM.
- Cierpiałkowska L., Ziarko M. (2010). *Psychologia uzależnień – alkoholizm*, Warszawa: Wydawnictwa Akademickie i Profesjonalne.
- Ciosek M. (2011). "Sekretny świat rodziny z problemem alkoholowym," *Studia Gdańskie. Wzjęcie i rzeczywistość*, vol. 8, pp. 270–282.
- Di Caccavo A. (2006). "Working With Parentification: Implications for Clients and Counselling Psychologists," *Psychology and Psychotherapy: Theory, Research and Practice*, vol. 79, no. 3, pp. 469–478.
- Earley L., Cushway D. (2002). "Parentified Child," *Clinical Child Psychology and Psychiatry*, vol. 7, no. 2, pp. 163–178.
- Flis J. (2022). *Współuzależnieni. Jak zatroszczyć się o siebie i budować zdrowe relacje z osobami uzależnionymi*, Kraków: Znak.
- Gąsior K. (2012). *Funkcjonowanie noo-psychospołeczne i problemy psychiczne Dorosłych Dzieci Alkoholików*, Warszawa: Wydawnictwo Difin.
- Hooper L. (2007). "Expanding the Discussion Regarding Parentification and Its Varied Outcomes: Implications for Mental Health Research and Practice," *Journal of Mental Health Counseling*, vol. 29, no. 4, pp. 322–337.
- Hooper L. (2008a). "Defining and Understanding Parentification: Implications for All Counselors," *The Alabama Counselling Association Journal*, vol. 34, no. 1, pp. 34–43.
- Hooper L. (2008b). "The Application of Attachment Theory and Family Systems Theory to the Phenomena of Parentification," *The Family Journal: Counseling and Therapy for Couples and Families*, vol. 15, no. 3, pp. 217–233.
- Jurkovic G.J. (1997). *Lost Childhoods: The Plight of the Parentified Child*, New York: Routledge.
- Jurkovic G.J., Morrell R., Thirkield A. (1999). "Assessing Childhood Parentification: Guidelines for Researchers and Clinicians," [in:] N. Chase (ed.), *Burdened Children: Theory, Research, and Treatment of Parentification*, New York: The Guilford Press, pp. 92–113.
- Kim H., Rose K.M. (2014). "Concept Analysis of Family Homeostasis," *Journal of Advanced Nursing*, vol. 70, no. 11, pp. 2450–2468.
- Kościńska M. (2011). *Odpowiedzialni rodzice. Z doświadczeń psychologa*, Kraków: Oficyna Wydawnicza „Impuls”.
- Krawczyk-Bocian A. (2013). *Doświadczenie zdarzeń krytycznych. Narracje biograficzne dorosłych dzieci alkoholików*, Bydgoszcz: Wydawnictwo Uniwersytetu Kazimierza Wielkiego.
- Maslow A. (1954). *Motivation and Personality*, New York: Harper and Row.
- Mellibruda J., Szczepańska H. (1989a). *Psychologiczne problemy żon alkoholików. Sprawozdanie z II fazy badań*, Warszawa: Wydawnictwo Instytutu Psychologii Zdrowia PTP.
- Mellibruda J., Sobolewska Z. (1997). "Koncepcja i terapia współuzależnienia," *Alkoholizm i Narkomania*, vol. 10, no. 3, pp. 421–430.

- Minuchin S. (1974). *Families and Family Therapy*, Cambridge (MA)–London: Harvard University Press; Tavistock.
- Minuchin S., Montalvo B., Guerney B., Schumer F. (1967). *Families of the Slums*, New York: Basic Books.
- Robinson B.E., Rhoden J.L. (1998). *Working with Children of Alcoholics: The Practitioner's Handbook*, Thousand Oak (CA): Sage Publications.
- Ryś M. (2008). *Rodzinne uwarunkowania psychospołecznego funkcjonowania Dorosłych Dzieci Alkoholików*, Warszawa: Wydawnictwo Naukowe PWN.
- Sang J., Cederbaum J.A., Hurlburt M.S. (2013). "Parentification, Substance Use, and Sex Among Adolescent Daughters from Ethnic Minority Families: The Moderating Role of Monitoring," *Family Process*, vol. 53, no. 2, pp. 252–266.
- Schier K. (2015). *Dorośle dzieci. Psychologiczna problematyka odwrócenia ról w rodzinie*, Warszawa: Wydawnictwo Naukowe Scholar.
- Schütze F. (1983). "Biographieforschung und narratives Interview," *Neue Praxis*, vol. 13, no. 3, pp. 283–293.
- Sobolewska-Bala Z. (1996). "W poszukiwaniu koncepcji współzależnienia," *Świat Problemów*, no. 1–2(36–37), pp. 6–7.
- Stanger L. (2020). *Addiction in the Family: Helping Families Navigate Challenges, Emotions, and Recovery*, New York: Rockridge Press.
- Szczulkiwicz P. (2019). "Zjawisko współzależnienia jako dysfunkcyjne przystosowanie do związku z osobą uzależnioną," [in:] P. Landwójtowicz (ed.), *Rodzina z problemem uzależnienia. Stare i nowe spojrzenie*, Opole: Wydawnictwo VIP4U, pp. 67–75.
- Sztander W. (2006). *Dzieci w rodzinie z problemem alkoholowym*, Warszawa: Instytut Psychologii Zdrowia. Polskie Towarzystwo Psychologiczne.
- Sztander W. (2011). *Rodzina z problemem alkoholowym*, Warszawa: Instytut Psychologii Zdrowia. Polskie Towarzystwo Psychologiczne.
- Wegscheider-Cruse S. (1989). *Another Chance: Hope and Health for the Alcoholic Family*, Palo Alto (CA): Science and Behavior Books.
- Woronowicz B. T. (2001). *Bez tajemnic. O uzależnieniach i ich leczeniu*, Warszawa: Instytut Psychiatrii i Neurologii.
- Załużska M., Kossowska-Lubowicka A. (2009). "Współzależnienie i zespół stresu pourazowego w rodzinie alkoholowej," *Studia nad Rodziną*, vol. 13, no. 1–2(24–25), pp. 311–322.

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