

Revisiting the Construct of Boundary Dissolution

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CONCEPTUAL AND METHODOLOGICAL ISSUES

Revisiting the Construct of Boundary Dissolution: A Multidimensional Perspective

Patricia K. Kerig

SUMMARY. The concept of boundary dissolution has a long history in both the psychodynamic and family systems literatures and is linked to a number of important processes in developmental psychopathology. However, advancements in the empirical study of boundary dissolution have been hindered by the multiplicity of terms and conceptualizations that have been used to capture the construct. The purpose of this paper is to present a multidimensional model of boundary dissolution and to show how the specific dimensions of the construct might be differen-

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tially linked to pathological processes in development. Research from a series of studies is presented that lends support to this model. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Boundaries, enmeshment, intrusiveness, parentification, role reversal, spousification, triangulation

The term boundary dissolution refers to a complex set of phenomena involving the loss of psychological distinctiveness between individuals or the confusion of their interpersonal roles (Kerig, 2003a). The breakdown of appropriate generational boundaries between parents and children significantly increases the risk for emotional abuse. For example, Hart, Binggeli, and Brassard (1998) describe the psychologically abusive parent as engaging in an exploitative relationship in which the parent coerces the child into gratifying the parent's emotional needs rather than providing for the child's. While the concept of boundaries has a rich history in both the family systems and psychodynamic literatures (Ackerman, 1958; see Chase, 1999 for an historical overview), and might be said to stand at the boundary between the two schools of thought, it also promises to contribute to a much-needed bridge between them (Minuchin, 1985; Slipp, 1991). Attention to family process is central both to psychodynamic and systems theories, as is the idea that family relationships—past or present—are internalized in ways that have important implications for psychological development (Sroufe & Fleeson, 1988; Zeanah, Anders, Seifer, & Stern, 1989).

According to family systems theory, clear boundaries are crucial to healthy family functioning. Minuchin (1974) emphasizes the importance of the family for providing a context in which children can accomplish the dual goals of developing a sense of belonging and of separateness. The family makes these different kinds of experiences possible by allowing members the opportunity to participate in multiple relationships, or subsystems, each of which is demarcated by boundaries. For example, the sibling subsystem provides children the experience of participating in relatively egalitarian relationships, at the same time that the differential status of the adults in the family is maintained by the boundaries around the couple subsystem. Similarly, Kameguchi

(1996) likens boundaries to a membrane that surrounds each individual and subsystem in the family. Like the membrane around a cell, boundaries need to be firm enough to ensure the integrity of the individual and yet permeable enough to allow communication among family members. Clear boundaries define appropriate family roles, mark developmental differences among family members, and give individuals the opportunity to meet their emotional needs in developmentally appropriate ways. Diffuse boundaries, on the other hand, may result in confusion between the generations (e.g., “Who is the parent and who is the child?”; Hiester, 1995) and increase the likelihood that children will be burdened with responsibilities beyond their years. In turn, overly rigid boundaries constrict family relationships (e.g., children should be seen and not heard), limit emotional contact among family members, and interfere with the experience of belonging and mutuality.

Psychodynamic views, particularly those informed by object relations theory, also emphasize the importance of the dual developmental goals of connectedness and individuation (Mahler, Pine, & Bergman, 1975; Pine, 1979). The attachment between parent and child provides a secure base from which the child can explore the environment and gain mastery over an ever-widening sphere of independence (Bowlby, 1982; Sroufe, Duggal, Weinfield, & Carlson, 2000; see also Bellow, Boris, Larrieu, Lewis, & Elliot, this volume; Shaffer & Sroufe, this volume). Whereas adaptive parenting requires a balance between protectiveness and “letting go” (Lieberman, 1992), a pathological pattern of parent-child relationships may arise when the parent is unable to let go out of excessive need for the child. In the throes of their own insecurity, troubled parents may rely on the child to meet the parent’s emotional needs, turning to the child to provide the parent with support, nurturance, or comforting (Zeanah & Klitzke, 1991). Ultimately, preoccupation with the parents’ needs threatens to interfere with the child’s ability to develop autonomy, initiative, self-reliance, and a secure internal working model of the self and others (Carlson & Sroufe, 1995; Leon & Rudy, this volume).

In summary, when parent-child boundaries are violated, the implications for developmental psychopathology are significant (Cicchetti & Howes, 1991). Poor boundaries interfere with the child’s capacity to progress through development which, as Anna Freud (1965) suggested, is the defining feature of childhood psychopathology.

DEMARCATING THE BOUNDARIES OF THE CONSTRUCT

Whereas boundary dissolution has clear and important links to the development of psychopathology, the construct has proven difficult to define, demarcate, and investigate (Wagner & Reiss, 1995). As Sroufe, Jacobvitz, Magelsdorf, DeAngelo, & Ward (1985) state:

The task of validating developmental constructs, such as ‘dissolution of generational boundaries’ is complex. Such concepts seem laden with value judgment, are at times nested within complex clinical theories, are difficult to operationalize in simple ways, and may take many forms within and across age periods. (p. 322)

For example, a multiplicity of terms has been used in the literature on boundaries, some of which appear to be mutually exclusive and others of which seem to overlap (see Table 1). In order to integrate this disparate literature, it would be helpful to create a definition that speaks to what is at the heart of each of these constructs, and common to them.

A theme that appears to be central to the conceptualization of boundary dissolution is the *failure to acknowledge the psychological distinctiveness of the child*. In other words, boundary dissolution appears to represent an inability or unwillingness to perceive the child as his or her own person, as he or she truly is, at his or her present stage of development. Such a failure to recognize or support the child’s psychological distinctiveness may involve a number of processes, including interference with the child’s development of an autonomous sense of self; confusion of interpersonal roles in the family; intrusions of parent’s own emotional needs into the relationship; and placement of developmentally inappropriate expectations on the child, whether those expectations are too low and infantilize the child or are too high and burden the child with responsibilities beyond his or her years. Therefore, this definition suggests that boundary dissolution is a multidimensional construct comprised of a number of facets. Examination of the theoretical and empirical literatures suggests that there are four distinguishable dimensions to the phenomenon of boundary dissolution: role reversal, intrusiveness, enmeshment, and spousification. While a common underlying theme unites them—that of the loss of psychological distinctiveness—in this model, the dimensions are viewed as non-orthogonal and potentially co-occurring, but each with its own specific correlates and consequences for child development (see Figure 1).

TABLE 1. Terms Used in the Conceptualization and Study of Boundary Dissolution

- Adult-like child (e.g., Heister, 1995; Sroufe & Fleeson, 1988)
- Boundary problems (e.g., Johnston, 1990)
- Boundary violation (e.g., Fish, Belsky, & Youngblade, 1991; Madden-Derdich, Estrada, Updegraff, & Leonard, 2002)
- Caretaker syndrome (e.g., Valteau, Bergner, & Horton, 1995)
- Child-as-parent (e.g., Goglia, Jurkovic, Burt, & Burge-Callaway, 1992)
- Child-like parent (e.g., Heister, 1995; Sroufe & Fleeson, 1988)
- Codependency (e.g., Irwin, 1995; Wells, Gickauf-Hughes, & Jones, 1999)
- Compulsive self-reliance (Bowlby, 1982)
- Child-as-mate (e.g., Goglia et al., 1992; Walsh, 1979)
- Cross-generational alliances (e.g., Jacobvitz & Bush, 1996; Minuchin, 1974; Kerig, 1995)
- Enmeshment (e.g., Allen & Hauser, 1996; Barber & Buehler, 1996; Jacobvitz & Bush, 1996; Jacobvitz et al., 1991, 2004; Minuchin, 1974)
- Emotional caregiving (e.g., Jurkovic, 1997; Jurkovic et al., 1999)
- Emotional over-involvement (e.g., Hooley & Richters, 1995)
- Filial responsibility (e.g., Jurkovic et al., this volume)
- Fusion (e.g., Bowen, 1978; Stutman & Lich, 1984)
- Generational boundary dissolution (e.g., Jacobvitz et al., 1991; Sroufe et al., 1985)
- Instrumental caregiving (e.g., Jurkovic, 1997; Jurkovic et al., 1999)
- Intrusiveness (e.g., Barber, 2002; Egeland, Pianta, & O'Brien, 1993; Jacobvitz & Sroufe, 1987; Olver et al., 1989)
- Invasiveness (e.g., Stutman & Lich, 1984)
- Mutuality of autonomy (e.g., Urist & Shill, 1982)
- Over-involvement (e.g., Fullinwider-Bush & Jacobvitz, 1993)
- Overprotectiveness (e.g., Bowen, Vitaro, Kerr, & Pelletier, 1995; Jacobvitz et al., 1991; Thomasgard & Metz, 1997; Thomasgard et al., 1995)
- Parental child (e.g., Fosson & Lask, 1988)
- Parentification (e.g., Boszormenyi-Nagy & Spark, 1973; Chase, Deming, & Wells, 1998; Jurkovic, 1997; Jurkovic et al., 2001; Mika et al., 1987; Walsh, 1979; Wells et al., 1999; Wells & Jones, 2000; West & Keller, 1991)
- Parentified child (e.g., Bowlby, 1982)
- Permeability of boundaries (e.g., Olver et al., 1989)
- Psychological autonomy (e.g., Allen & Hauser, 1996; Herman et al., 1997; Schaefer, 1965)
- Psychological control (e.g., Barber, 1996; 2002; Schaefer, 1965)
- Psychological separation (e.g., Hoffman, 1984)
- Role diffusion (e.g., Johnston, 1990)
- Role reversal (e.g., Fullinwider-Bush & Jacobvitz, 1993; Jacobvitz et al., 1991; Johnston, 1990; Johnston et al., this volume; Zeanah & Klitzke, 1991)
- Seductive parenting (e.g., Jacobvitz & Sroufe, 1987; Sroufe, 1991; Sroufe & Ward, 1980)
- Self-other differentiation (e.g., Westen, Barends, Leigh, Mendel, & Silbert, 1990)
- Separation-individuation (e.g., Mahler, Pine, & Bergman, 1985)
- Separation problems (e.g., Thomasgard et al., 1995)
- Spill-over (e.g., Engfer, 1988; Kerig et al., 1993)
- Spousification (e.g., Sroufe & Ward, 1980; Brown & Kerig, 1999)
- Triangulation (e.g., Bowen, 1978; Jacobvitz & Bush, 1996; Kerig, 1995)

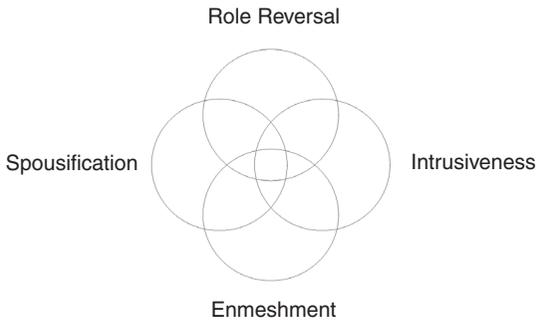
ENMESHMENT

At the extreme of boundary dissolution is *enmeshment*, which involves a lack of recognition or acknowledgement of the differentiation between self and other (Combrinck-Graham, 1989; Olver, Aries, & Batgos, 1989; Zeanah & Klitzke, 1991). From the family systems perspective, Minuchin (1974) described enmeshment as a whole-family phenomenon in which family members are so overinvolved with one another that "a sneeze brings on a flurry of handkerchief offers." On the positive side, enmeshed families may engender feelings of mutuality, belonging, and emotional support. However, at the extreme, when the separate selfhood of the child is not respected, enmeshment threatens to interfere with the child's development of autonomy and individual agency. Changes in one family member reverberate throughout the family system and may be perceived as threats to the family "togetherness." For example, adolescence may precipitate a crisis should the child begin to assert her or his wish for independence by expressing a desire to go away for college. In addition to the whole family, enmeshment may take place at the dyadic level, such as between parent and child. Enmeshment in one parent-child relationship is often counterbalanced by disengagement between the child and the other parent (Cowan & Cowan, 1990; Jacobvitz, Riggs, & Johnson, 1999).

In psychodynamic models, enmeshment is the original state from which children must wrest their sense of individual selfhood. According to separation-individuation theory (Mahler et al., 1975), the infant originally experiences the self as part of a symbiotic union with the mother. Over the course of infant development, children begin to "hatch" from this shell, as inevitable failures in perfect wish-fulfillment and empathy assist children to increasingly recognize the mother as a separate individual with her own thoughts and feelings. However, an emotionally needy parent who is threatened by the child's emergent sense of individuality may act in ways so as to prolong this sense of parent-infant oneness (Masterson & Rinsley, 1975). By binding the child in an overly close and dependent relationship, the enmeshed parent creates a psychological unhealthy childrearing environment that interferes with the child's development of an autonomous self.

Links to maladjustment. Both family systems and psychodynamic theory agree that enmeshment may interfere with development by making it difficult for children to forge and assert their own individuality. By discouraging the attainment of differentiation, autonomy, and independence, enmeshment may engender insecurity, anxiety, and an external locus of

FIGURE 1. Multiple Dimensions of Boundary Dissolution



control in the child. Enmeshment is implicated particularly in the development of internalizing disorders in children. For example, Rubin and Mills (1991) report that mothers of anxious children are more likely than others to react to children's social inadequacies with disappointment and embarrassment, appearing "prone to regard their child as an extension of themselves and therefore to consider their child's behaviour as if it were their own" (p. 312). Consistent with this, studies using measures of expressed emotion find that maternal over-involvement is linked to the development of child anxiety disorders (Hirshfeld, Biederman, Brody, Faraone, & Rosenbaum, 1997; Stubbe, Zahner, Goldstein, & Leckman, 1993).

Further empirical research also demonstrates that family enmeshment is related to internalizing in school-age children (Barber & Buehler, 1996; Jacobvitz, Hazen, Curran, & Hitchens, 2004), depression in adolescents (Jewell & Stark, 2003), and attachment insecurity and preoccupation with the family of origin in young adults (Allen & Hauser, 1996). At the extreme, enmeshment may compromise the child's development of a separate sense of self, resulting in severe forms of psychopathology such as borderline personality disorder, characterized by the inability to establish a stable sense of self and to maintain the emotional boundaries between the self and others (Pine, 1979; Westen & Cohen, 1993).

INTRUSIVENESS

A related, but distinct pattern of boundary dissolution is *intrusiveness*, represented by the controlling and coercive parent who is not re-

spectful of the autonomy of the child. Whereas enmeshment has a seamless equality (e.g., “We feel alike”), the intrusive relationship is a hierarchical one in which the parent attempts to control the child’s inner life (e.g., “You feel as I say”; Kerig, 2003a). For example, an insecure parent who is threatened by a maturing child’s independence strivings might resort to intrusive behavior in order to re-establish the status quo (Masterson & Rinsley, 1975).

The dimension of intrusiveness has been the subject of a large body of recent research under the rubric of *psychological control*. Barber (2002) defines psychological control as comprising “parental behaviors that are intrusive and manipulative of children’s thoughts, feelings, and attachments to parents, and are associated with disturbances in the boundaries between the child and the parent” (p. 15) (see also Bradford & Barber, this issue). Rather than telling the child directly what to do or think, as does the behaviorally controlling parent, the psychologically controlling parent uses indirect hints and responds with guilt induction or withdrawal of love if the child refuses to comply. In short, an intrusive parent strives to manipulate the child’s thoughts and feelings in such a way that the child’s psyche will conform to the parent’s wishes. If the child fails to comply, she or he may be confronted with parental anger, criticism, guilt-induction, rejection, or emotional abandonment. As Ogden (1979) phrased it, “It is as if the parent says to the child, if you are not what I need you to be, you do not exist for me” (p. 16).

Intrusiveness also is related to the construct of *overprotectiveness* as defined by Thomasgard and Metz (1997), which involves an overly controlling, infantilizing, autonomy-limiting parenting style. The intrusively overprotective parent, for example, might insist on determining for the child what he or she wants or feels and disallow the child permission to make any of his or her own decisions (Thomasgard, Metz, Edelbrock, & Shonkoff, 1995).

Links to maladjustment. Longitudinal data show that infants of intrusive mothers demonstrate problems in academic, social, behavioral and emotional adjustment throughout the school years (Egeland, Pianta, & Ogawa, 1996). Maternal over control and hypervigilance conveys to the child a sense of continual threat, thus raising anxiety, fostering a sense of helplessness, and inhibiting the child’s development of adaptive appraisals and strategies for coping with stress (Cobham, Dadds, & Spence, 1999; Rapee, 1997). Consequently, intrusive parenting is associated particularly with the development of anxiety disorders in children (Dadds & Roth, 2001) as well as other internalizing problems such as depression and negative self-concept (Barber & Harmon, 2002; Morris, Steinberg,

Sessa, Avenevoli, Silk, & Essex, 2002). To a lesser extent, intrusive psychological control has been associated with externalizing problems, including delinquency in African American youth (Walker-Barnes & Mason, 2001). Parental psychological autonomy-limiting has proven to be a particularly strong predictor of maladjustment in adolescents (Herman, Dornbusch, Herron, & Herting, 1997), perhaps because of the stage-salient importance of self-directedness in this developmental period.

ROLE REVERSAL–PARENTIFICATION

The third facet of boundary dissolution, *parentification*, refers to a dynamic in which the parent turns to the child for nurturance and assistance (Boszormenyi-Nagy & Spark, 1973; Jurkovic, 1997; Sroufe et al., 1985). Also termed role-reversal (Jacobvitz, Morgan, Kretchmar, & Morgan, 1991; Zeanah & Klitzke, 1991), the child as parent (Walsh, 1979; Goglia, Jurkovic, Burt, & Burge-Callaway, 1992), the parental child (Minuchin, 1974), or the burdened child (Chase, 1999), parentification is defined by Boszormenyi-Nagy and Spark as “the subjective distortion of a relationship as if one’s partner or even children were [one’s a] parent” (p. 151).

For example, Bowlby (1982) observed a pattern of insecure attachment he termed compulsive self-reliance, in which a “parentified” child assumes care-giving responsibilities toward the parent. Bowlby hypothesized that, because of their insecurity about the emotional availability of others, some parents turn to their children to meet their own emotional needs, placing developmentally inappropriate demands on young children to provide their parents with nurturance and comforting. Although the parent may be ostensibly protective and solicitous, parentification has negative implications for child development in that the parents’ emotional needs are being met at the expense of the child’s (Zeanah & Klitzke, 1991). Further, children often are unable to meet these developmentally inappropriate expectations, engendering feelings of self-blame, insecurity, and perceived incompetence in the child (Byng-Hall, 2002; Peris & Emery, this volume) as well as disappointment, guilt-induction, or anger in the parent (Sroufe & Fleeson, 1988). Indeed, developmentally inappropriate expectations for children, such as that they provide nurturing for their parents, are characteristic of parents who maltreat their children (Azar, 1997; Bavolek, 1989; Fraiberg, 1980).

Judd and McGlashan (2003) also give a central role to parentification in their integrative model of the development of borderline personality disorder. In order to carve out an island of safety and responsivity in an unpredictable, harsh, and depriving parent-child relationship, children of highly maladaptive parents may become precocious caretakers who are adept at reading the cues and meeting the needs of those around them. The ensuing preoccupied attachment with the parent interferes with the child's development of important ego functions, such as self organization, affect regulation, and emotional object constancy.

Jurkovic (1997) has clarified the concept of parentification by distinguishing between *emotional* caregiving (providing solace, comforting, and nurturance to a parent) and *instrumental* caregiving (contributing to the physical well-being of the family, such as by cleaning, cooking, and caring for younger siblings). A second dimension, moreover, concerns the ethicality, or *fairness*, of parental expectations. Parentification, Jurkovic, Kuperminc, Sarac, and Weisshaar (this volume) argue, only has pernicious effects when it is unfair and burdens the child with responsibilities that are beyond his or her years. Similarly, Boszormenyi-Nagy and Spark (1973) cautioned that parentification occurs commonly in intimate relationships and is not necessarily pathological. However, its destructive form can be discerned by virtue of the fact that the responsibilities are beyond the child's competencies; the child feels overburdened by them; the parents assume a complementary child-like role; the relationship is exploitative or neglectful of the child's needs; and the child's role is not acknowledged, appreciated, or legitimized (Jurkovic, 1998; Mika, Bergner, & Baum, 1987). Consequently, although definitions of instrumental caregiving sometimes include contributions to the family's welfare that are suited to the child's capabilities and age range, the definition used here is limited to its more pathological, developmentally inappropriate form, one in which the parent has abdicated the parenting role and placed the child in his or her stead.

Links to maladjustment. Empirical investigations have confirmed that role-reversal is associated with maladaptive parenting, including physical abusiveness (Macfie, Toth, Rogosch, Robinson, Emde, & Cicchetti, 1999). Further, being placed in a parental role increases the risk for child maladaptation. For example, longitudinal research shows that observed role-reversal in infancy is related to disorganized attachment and subsequent psychopathology in childhood (Van IJzendoorn, Schuengel, & Bakermans-Kranenburg, 1999) and role-reversal during the toddler and preschool periods predicts attention problems, externalizing, and social

problems in kindergarten and the elementary school years (Carlson, Jacobvitz, & Sroufe, 1995; Macfie, Houts, McElwain, & Cox, in press). In studies of school-age children of divorce, Johnston (1990) finds that parentified children demonstrate behavioral problems, emotional constriction, and poor social competence and Hetherington (1999) reports that such children are higher in depression and anxiety than their peers. In a similar vein, studies of female college students have linked childhood parentification to depression, anxiety and low self-esteem (Jacobvitz & Bush, 1996), compromised identity development (Fullinwider-Bush & Jacobvitz, 1993), and difficulty adjusting to college (Chase, Deming, & Wells, 1998). Other studies have linked childhood parentification excessive caretaking in adult interpersonal relationships (Valleau, Bergner, & Horton, 1995); codependency (Wells, Glickauf-Hughes, & Jones, 1999); shame-proneness (Wells & Jones, 2000); and immature object relations (Wells & Jones, 1998). Further, consistent with the family systemic perspective, eating disorders in young woman are associated with parent-child role-reversal—especially with fathers (Rowa, Kerig, & Geller, 2001).

Studies also have suggested differential outcomes of instrumental versus expressive forms of caregiving. For example, in a comparison of children of divorced and intact families, Martin (1995) found that emotional parentification was highest in daughters of divorce, whereas rates of instrumental parentification did not differ across groups. Further, emotional parentification alone was associated with anxiety and interpersonal difficulties and mediated the effects of divorce on daughters' depression. Hetherington (1999) also found that emotional parentification was most evident between mothers and daughters of high-conflict divorces and was related to the development of anxiety and depression. However, in her sample, emotional parentification with fathers was related to depression and externalizing in sons. Hetherington also reports that, although emotionally parentifying mothers spoke lovingly of their close companionships with their daughters, the children were supportive and sympathetic at moderate levels of role reversal but reported feeling increasingly burdened and resentful as parental demands increased.

Is parentification always maladaptive? As noted previously, Boszormenyi-Nagy and Spark (1973) argued that, in fact, parentification is a normal relationship process that is not inherently pathological. Children even may gain from being treated as competent individuals and having the opportunity to contribute to their family's welfare (Barnett & Parker, 1988; see also Peris & Emery, this volume). Intriguingly, some have speculated that, in

some individuals, childhood parentification may contribute to the development of high levels of empathy, responsibility, and altruism. The child who is raised to “specialize in meeting the needs of others” (Lackie, 1983, p. 311), in fact may be drawn to a career in the mental health professions (Jurkovic, 1998; Miller, 1981). However, it is likely that the more positive outcomes are the result of what Jurkovic (1997) terms “adaptive parentification,” in which parental reliance on the child is time-limited, appreciated, and of moderate intensity. “Destructive parentification” can be differentiated by virtue of its social illegitimacy, the lack of reciprocity in the provision of support between parent and child, the age-inappropriateness of the role assigned, the extent of the burden borne by the child, and the maladaptive child outcomes that ensue (Jurkovic, Morrell, & Thirkield, 1999).

Child- versus parent-driven processes. Parentification may be further distinguished by the process through which it takes place; namely, who is “driving” the interaction (Kerig, 2001a). Role reversal may be “parent-driven” when a parent places demands on the child to meet the parent’s emotional needs, or “child-driven” when children on their own initiative adopt a caretaking stance toward the parent. For example, Hiester (1995) distinguished between the “child-like parent” who demands to be taken care of and the “adult-like child” who offers such care. Although these processes may occur in tandem, such as when a child accepts the parentified role placed on her or him by the parent, it is worth considering the fact that children also may be active agents in creating such relationships (Cummings & Schermerhorn, 2003; Johnston, Gonzales, & Campbell, 1987). Even without parental encouragement, children may assume responsibility for their parents’ well-being and may proactively intervene as caregivers, mediators, or go-betweens in an attempt to solve their parents’ problems and regain a sense of security (Davies & Forman, 2002; Kerig, 2001b; see also Bradford & Barber, this volume). On the other hand, not all children comply with the expectations parents place on them and not all parents will accept a child’s offer to cross the boundary into a developmentally inappropriate role. Although role reversal is generally studied as an outcome in a relationship—as a *fait accompli*—it also may be observed as a process, as a pull exerted by a family member to which others may or may not succumb.

ROLE REVERSAL-ADULTIFICATION

While there are many different dynamics that have been incorporated under the label of parentification, there may be value in differentiating among them. To achieve clarity among these constructs, it would be helpful to reserve the term parentification for role reversal “proper,” when the mother or father places the child in a parental role and turns to the child to provide the parent with nurturance or guidance. If the term parentification refers to placing the child in the role of parent, then, the term *adultification* can be used to refer to the relationship in which the parent places the child in the role of peer or fellow adult, also termed role-diffusion (Jacobvitz & Sroufe, 1987) or role reversal-confidante (Brown & Kerig, 1998). Like parentification, adultification might take the form of emotional caregiving, such as the parent making the child his or her best friend, source of support, and social companion; or instrumental caregiving, such as assigning to the child a developmentally inappropriate share of responsibility for the family finances, household tasks, or the care of younger siblings. Adultification also is related to the concept of triangulation, a term which, albeit used inconsistently in the literature, involves a dissolution of intergenerational boundaries such that the child is inappropriately involved in the marital subsystem and is elevated in status to that of adult decision-maker, problem-solver, or emotional resource for the parent (Kerig, 1995, 1999; Margolin, Gordis, & John, 2001; O’Brien, Margolin, & John, 1995; Westerman, 1987; see also Bradford & Barber, this volume).

Links to maladjustment. There has been relatively little empirical research on the consequences of adultification as distinct from parentification. Theoretical conceptualizations suggest that the adultified child might be burdened by the responsibility for providing the parent with friendship or social support, feel guilty for being developmentally unable to fulfill the parent’s needs, and be prevented from pursuing age-appropriate interests and social relationships (Emery & Coiro, 1997).

On the other hand, it has been suggested that both parent and child might perceive an adultified relationship as a positive one, in which the absence of a strict parent-child boundary allows for camaraderie, friendship, warmth, and closeness (Arditti, 1999). Although providing a lonely parent with emotional intimacy and companionship ultimately interferes with the participation in developmentally normative activities outside the home, the negative implications of peer-like adultification may be less severe than a complete reversal of roles. For children, it may even seem worth the price they pay. For example, adolescent

daughters of divorced mothers are highly vulnerable to being pulled into the role of confidante and helpmate. However, this role might give daughters a sense of specialness and usefulness that counterbalances the negative effects of divorce. Even if children are stressed by the expectation that they fulfill responsibilities beyond their years, there may be some compensation in being the parent's "special child" or "little helper"—a phenomenon that Hetherington (1999) refers to "competence at a cost" (p. 113).

Therefore, at least in the short term, the effects of adultification might not be as pernicious as those of parentification (Brown & Kerig, 1999). However, an important question remains as to whether the apparent competence of the adultified child is truly adaptive or whether there are hidden costs (Emery & Coiro, 1997; see also Peris & Emery, this volume). For example, Minuchin (1985) points out that, although the highly responsible and empathetic child appears at first blush to be functioning at a high level, the family systems therapist would wonder whether "the 11-year-old who has a handkerchief in her mother's hand before the mother's first tear falls" (p. 287) is exhibiting such concern for others at the expense of her own needs. As Burkett (1991) states, "Becoming a child's 'best friend' may not appear abusive, but it may have an unwanted impact on the child's emotional development" (p. 433). Similarly, research on resilience alerts us to the fact that children whose behavior appears exemplary "on the outside" might be suffering "on the inside" (Cicchetti & Garnezy, 1993; Luthar, Cicchetti, & Becker, 2000). Moreover, there are extremes of peer-like boundary dissolution that are likely to have highly psychopathological ramifications. For example, Guzder, Pari, Zelkowitz, and Marchessault (1996) describe a pattern of "grossly inappropriate" parenting behavior in youth with borderline personal disorder, such as a father and daughter who double-dated and discussed one another's sexual activities.

SPOUSIFICATION–AFFECTIONATE

In addition to adultification, there is a third process which is often subsumed under the rubric of parentification, yet warrants separate consideration. This facet has been termed *spousification* (Sroufe & Ward, 1980), seductiveness (Sroufe et al., 1985), or the "child as mate" (Walsh, 1979). The dissolution of boundaries between the child and marital subsystems was of particular concern to Minuchin's (1974; Minuchin, Lee, & Simon, 1996) structural family perspective. When

marital-child boundaries are not maintained, parents may involve children in adult intimacies that contribute to the development of inappropriate cross-generational triangles in the family. This dynamic is related to what Engfer (1988) termed a “compensatory” relationship, in which parents who are not fulfilled in their marriage turn to children to meet the parent’s needs for affection and even sexual intimacy.

The term spousification derives from the work of Sroufe and Ward (1980), who identified a pattern of “seductive” behavior exhibited by mothers toward their young children. These mothers were observed to be overly physically affectionate, flirtatious, and to seek excessive affection from the child. Although ostensibly an affectionate and loving relationship, seductive spousification can be differentiated from a “truly positive” relationship (Erel & Burman, 1995) by virtue of its developmental inappropriateness, the sexual undertones, and the fact that the parents’ needs are being met at the expense of the child’s. In their studies of mothering, Sroufe and colleagues (1985) observed spousification mostly in mother-son dyads, which suggests that the parent is turning to the other-sex child to act as a surrogate for the marital partner. Spousification within the father-child relationship remains relatively unexplored in the empirical literature.

Links to maladjustment. In support of the hypothesis that spousification is overstimulating and interferes with the development of self-regulation, research shows that observed maternal seductive behavior in infancy predicts children’s inattentiveness and overactivity in kindergarten (Jacobvitz & Sroufe, 1987) and the elementary school years (Carlson, Jacobvitz, & Sroufe, 1995). Further, spousification between parents and children is linked to undercontrol in adolescence (Sroufe, 1991) and maladaptive parenting in adulthood (see Shaffer & Sroufe, this volume). At the extreme, seductive parenting may be associated with sexual abuse of the child (Sroufe et al., 1985), which has profound and pervasive negative effects on emotional development (Berliner & Elliot, 2002).

SPOUSIFICATION–HOSTILE

On the other side of the coin, parents might treat children as spouses in a manner that is far from affectionate, but rather critical and negative. *Hostile spousification* is linked to what Engfer (1988) referred to as “spillover,” when marital tensions leak into parents’ relationships with children (see also Bradford & Barber, this volume). It has been hypothesized that spillover of marital conflicts might lead parents to displace their

anger onto the child and to view the child in the same negative terms as the spouse, thus blurring the boundaries between them (e.g., “You complain so much, you sound just like your mother”) (Kerig, Cowan, & Cowan, 1993). When conceptualized as a form of spousification, therefore, spillover would be expected to vary as a function of child and parent gender, with cross-sex relationships being more vulnerable to such hostile attributions (Cowan, Cowan, & Kerig, 1993; O’Leary, 1984; Osborne & Fincham, 1996). However the research to date is inconsistent. For example, Sroufe et al. (1985) found that seductive mothers were overly affectionate with sons but hostile toward their daughters. In contrast, other researchers have found that marital conflict is most likely to spill over onto father-daughter relationships, with fathers behaving in distant or critical ways toward girls (Kerig et al., 1993), whereas yet other investigators have found more negativity in mother-son relationships when the marriage is an unhappy one (Osborne & Fincham, 1996). Rather than being determined by the gender of the child, therefore, it may be that spousification arises as a product of the dynamics of the individual family. Either a son or a daughter might be relied upon to compensate parents for their disappointment in the marital relationship or to provide a repository for displaced anger.

Links to maladjustment. A large body of literature associates the spillover of marital tensions onto children with a myriad of child adjustment problems (see Davies, Harold, Goeke-Morey, & Cummings, 2003; Grych & Fincham, 2001; Zimet & Jacob, 2001), ranging from insecure attachment (e.g., Owen & Cox, 1997); to internalizing disorders (e.g., Krishnakumar, Buehler, & Barber, 2003); and externalizing problems, particularly in boys (e.g., Jouriles & Norwood, 1995). Evidence also suggests that marital discord increases the risk of boundary problems, which, in turn, predict anxiety and depression in school-age children (Brown & Kerig, 1998; see also Leon & Rudy, this volume). However, while the link to hostile spousification is a plausible one, and some measures used to assess spillover include some items that are reflective of the construct of hostile spousification, this dimension of boundary dissolution has rarely been investigated as a unique phenomenon in its own right. In one suggestive study to date, boundary problems in families of young women with anorexia were characterized by hostile spousification in the father-daughter relationship (Rowa, Kerig, & Geller, 2001).

SUMMARY:
***DIMENSIONS OF BOUNDARY DISSOLUTION
AND DEVELOPMENTAL PSYCHOPATHOLOGY***

The foregoing review of the literature suggests that examination of the specific outcomes associated with each dimension of boundary dissolution provides a fuller and more differentiated picture of the links between family processes and developmental psychopathology. For example, enmeshment appears particularly to be associated with difficulties in the separation-individuation process, including preoccupied attachment and disordered self development. Whereas intrusive parenting has clear links to the development of overcontrol and excessive anxiety, the developmentally inappropriate demands placed on the child who is affectionately spousified are associated with undercontrol and poor self-regulation. In turn, the child who experiences both the boundary diffusion and negative emotionality that accompany hostile spousification may be vulnerable to the development of both internalizing and externalizing disorders. Lastly, parentification appears to interfere with the mastery of stage-salient tasks associated with autonomous functioning and identity formation later in development and to be associated with a facade of hyper-competence beneath which lurk guilt, low self-worth, and internal conflict.

RISK FACTORS FOR BOUNDARY DISSOLUTION

There are a number of contextual variables that increase the risk that a parent will turn to the child to meet the parent's own emotional needs (Sroufe & Fleeson, 1988). One such risk factor is *parental stress or dysfunction*, such as depression (Downey & Coyne, 1990; Radke-Yarrow, Zahn-Waxler, Richardson, Susman, & Martinez, 1994); substance abuse (Goglia, Jurkovic, Burt, & Burge-Callaway, 1992; Chase et al., 1988); or a childhood history of maltreatment (Alexander, Teti, & Anderson, 2000; Howes, Cicchetti, & Rogosch, 2000). A parental history of sexual abuse is particularly implicated given the overt and grossly inappropriate boundary violations the parent experienced during his or her own childhood (Burkett, 1991; Sroufe & Ward, 1980). Other forms of *family stress*, such as having a child with a disability or chronic illness, also are associated with increased risk for parentification in siblings (Lamorey, 1999).

Children in *divorced or single parent families* may be at increased risk when the child is expected to fill the space vacated by absent spouse (Emery, 1999; Peris & Emery, this volume; Hetherington, 1999;

Johnston, Walters, & Olesen, this volume; Jurkovic, Thirkield, & Morrell, 2001). Moreover, in both divorced and intact marriages, *marital conflict and dissatisfaction* significantly increase the likelihood that children will become inappropriately involved in their parents' emotional lives (Alexander et al., 2000; Buchanan & Heiges, 2001; Cox, Paley, & Harter, 2001; Davies, 2002; Johnston et al., 1987; Kerig, 1995, 2001b; Leon & Rudy, this volume; Margolin et al., 2001; Stone, Buehler, & Barber, 2002). For example, children may be triangulated and "caught in the middle" when they are compelled to side with one parent against the other, mediate parental disputes, or listen to their parents' marital problems (Bradford & Barber, this volume; Buchanan, Maccoby, & Dornbusch, 1991; Kerig, 2001b). However, attention to specific dimensions of boundary dissolution may provide more differentiated lenses through which to view concepts such as triangulation, spillover, and cross-generational alliances. Unhappily married parents may turn to children in an attempt to find a parent, a friend, a surrogate spouse, a mirror, a scapegoat, an ally, or a purpose in life. Thus, triangulation in interparental conflicts may take infantilizing, parentifying, hostile, or affectionate forms, each of which has different implications for family relations and child development.

Female *gender* has been implicated as a risk factor for boundary dissolution in some studies. Cultural expectations and socialization forces that associate nurturance with femininity increase the likelihood that girls will step into—or be pulled into—caretaking roles in the family (Brody, 1996; Davies & Lindsay, 2004; Emery & Coiro, 1997; Kerig, 1999; Goglia et al., 1992). In particular, research suggests that boundary problems associated with marital conflict vary by child gender. For example, Heister (1995) found that maritally distressed mothers were more likely to engage in peer- or spouse-like relationships with sons and to parentify their daughters. In turn, daughters of conflictual marriages are the most likely to volunteer to assume responsibility for their parents' well-being and take on a parental role in the family (Hetherington, 1999; Kerig, Fedorowicz, Brown, Patenaude, & Warren, 1998).

In addition, there is evidence for the *intergenerational transmission* of boundary dissolution within the family. Adults who experienced boundary dissolution in their relationships with their own parents are more likely to violate boundaries with their children (Hazen, Jacobvitz, & McFarland, this volume; Shaffer & Sroufe, this volume). For example, Jacobvitz and colleagues (1991) found that women who had experienced overprotective mothering during childhood, or who were observed to have enmeshed or parentified relationships with their mothers

in the present, were more intrusive with their own infants. Although the form of boundary problems changed over the three generations, all women who experienced boundary dissolution had difficulty fostering their children's autonomous development.

Steeling. It is intriguing to speculate as to what processes drive the transmission of boundary dissolution from one generation to the next. Boszormenyi-Nagy and Spark (1973) described parentification as being driven by an "account due" or "debit" perspective, whereby a parent who grew up emotionally deprived feels entitled to balance the ledger by taking those supplies from the child. Parents whose own needs have not been met may feel some resentment about having to provide for those needs in their children. Such feelings may interfere with the parent's willingness to allow the child to play, to be free from care, and to be relieved of the responsibility of sharing the burdens that the adult has to carry (Kerig, 2004).

My clinical work with families has suggested an alternative take on this phenomenon. There are parents who seem compelled to subject their children to the deprivations the parents experienced in their own childhoods not as a way of compensating the parents for those unmet needs, but seemingly as a way of preventing the child from getting those needs met, as well. For some parents, this is rationalized and encapsulated in a parenting philosophy that promotes "steeling" children for the hardships of the world that lie ahead. For other parents, it has a more pernicious quality, as if to say, "Why should you get to be happy, if I am not?" This perspective is well-captured in the following fictional depiction, in which two men in a bar discuss one's school-aged daughter as she stands by listlessly holding her baby brother on her hip:

I ask you. Where would you find a sweet little girl like this that looks after the house, and looks after the little ones, and puts food on the table and totes and fetches and goes without so's her poor old Diddy [sic] can have? . . . She don't have to have a bunch of toys and candy and fancy clothes! . . . And why should she? . . . Why should she have all that mess? Why should any of em have it? We didn't have anything when we was coming up, did we? . . . Mama and Daddy never give me nothing . . . So tell me this. Why should she have what we didn't? (Tartt, 2002, pp. 202-203)

From this perspective, the placement of inappropriate demands on the child becomes legitimized as a "rite of passage" or a "hazing" ritual that binds the child to the parent and ensures that they share an experience, an

identity, and a perspective on the world. Because boundary dissolution was a pivotal and formative experience in the parent's own development, albeit a painful one, the compulsion is strong to replicate it for the child. As Chase (1999) puts it, "Pain at not being able to give what we have not sufficiently received persists and becomes the scaffolding for a range of exploitative and insensitive adult-child interactions" (p. 24).

VALIDATION OF A MULTIDIMENSIONAL MODEL OF BOUNDARY DISSOLUTION

In order to investigate the correlates and consequences of these multiple dimensions of boundary dissolution, my laboratory has been working on the development of a parent and child self-report measure, the Parent-child Boundaries Scale (PBS; Kerig & Brown, 1996; PBS-II, Kerig, 2004). Evidence for the validity and reliability of the measure to date are promising. The factor structure of the measure was confirmed in a study of 111 recently divorced mothers and their school-aged children (Brown, 2002), with the enmeshment, intrusiveness, parentification, adultification, and spousification scales emerging as separate and reliable factors. Further, the convergent and discriminant validity of the intrusiveness and parentification scales was supported by their correlations with conceptual similar measures (Brown, Kerig, & Scharfenberg, 1997). Reliabilities of the scales are good-to-adequate when internal consistencies are examined (Brown, 2002; Brown & Kerig, 1999) and moderate when interrater consistencies among family members are examined. In studies of children ranging in age from the early school years to late adolescence, agreement between parents and children has been found to be modest overall, with higher levels of agreement for the dimensions of enmeshment and parentification and lower levels of agreement for spousification and intrusiveness (Brown & Kerig, 1998; 1999; Rowa, Kerig, & Geller, 2001). As with much of the research on family processes, these results underline the importance of obtaining ratings from multiple perspectives in the family.

Boundary dissolution as a mediator of the relationship between maternal stress and emotional availability. In order to investigate the hypothesis that boundary dissolution acts as a mediator of the relationship between maternal distress and emotional availability, data were gathered from a sample of single mothers and their school-aged children (Brown, Kerig, & Scharfenberg, 1997). Structural equation modeling was used to create latent constructs of maternal distress (including measures of stress-

ful life events, daily hassles, and parenting stress); boundary dissolution (including the PBS and the Adult-Adolescent Parenting Inventory; Bavolek, 1986); and maternal emotional availability (including measures of attachment, bonding, and acceptance). Results showed that maternal stress was associated with significantly increased levels of boundary dissolution and with compromised emotional availability. Supporting mediation, the significant association between maternal stress and emotional availability was reduced when boundary dissolution was added to the equation.

Boundary dissolution in anorexia. A subsequent study tested the structural family hypothesis that boundary dissolution is a factor in the development of eating disorders in girls (Rowa, Kerig, & Geller, 2001). Participants in this study included the families of 30 adolescents on an inpatient eating disorders unit and 60 matched controls who completed the PBS as well as scales assessing disordered eating behavior. A MANOVA showed that girls with anorexia perceived their relationships with mothers as being higher in enmeshment and role-reversal in comparison to controls. Interestingly, the pattern of results was even more striking for father-daughter relationships. The results showed that adolescent girls with anorexia perceived higher levels of enmeshment, intrusiveness, spousification, and role reversal in their relationships with their fathers as compared to controls.

Parentification as a mediator of the relationship between maternal distress and child anxiety. In a study of 84 single mothers and their school-age children, maternal stress, isolation, and depression were significantly correlated with boundary dissolution as were children's self-reports of anxiety and mothers' reports of children's internalizing and externalizing problems (Brown & Kerig, 1998). Mother-child boundaries were found to mediate the relationship between maternal distress and children's self-reported anxiety. In subsequent studies, the PBS was further refined by the creation of separate subscales for parentification (role reversal proper) and adultification (the granting of a peer-like status to the child; Brown & Kerig, 1999). Results showed that whereas parentification mediated the effects of maternal distress on child development, these effects did not hold for adultification, suggesting that the two constructs have differential implications for developmental psychopathology.

***ETHNIC AND CROSS-CULTURAL PERSPECTIVES
ON BOUNDARY DISSOLUTION***

The concept of boundary dissolution has arisen largely in the context of two Western theoretical perspectives, family systems and psychoanalysis, both of which promote individuation and autonomy as the developmental ideals (Sampson, 1988). In contrast, other cultural perspectives value communality and interdependence as the highest goals of development (Markus & Kitayama, 1991). Consequently, if applied in culturally uninformed ways, concepts such as enmeshment might tend to pathologize normative family relationships in societies that value familism (Gibbs & Huang, 2003) and parent-child mutuality (Anderson, 1999). Similarly, older siblings are routinely assigned responsibilities for caring for younger siblings in Native American, African American, Asian American, and Hispanic families (Harrison, Wilson, Pine, Chan, & Buriel, 1990); therefore, perceptions of constructs such as parentification must be tempered by an understanding of cultural norms.

Ethnic differences in the United States. Boyd-Franklin (1989; 2003) argues that characteristics of the African American family create both risks and protective factors for the development of boundary dissolution. Boundary flexibility arose as an adaptive response to the stressors of poverty and racism, with extended family networks allowing for the sharing of childrearing tasks among many different adults, biologically related and unrelated, obviating the need for rigid role definitions in the family. While the necessity that both parents work outside the home in low-income families increases the likelihood that older children will be “required to assume ‘parental child’ roles necessary for family survival” (p. 64), the placement of such responsibilities on the child is not necessarily pathological. As long as the tasks assigned to the child are well-defined and delimited, with the parent delegating but not abdicating the parental role, the assignment of responsibilities to the child may be growth-promoting rather than oppressive.

Similarly, Anderson (1999) points out that African American children are socialized to move quickly through development and to begin contributing early to the family’s welfare. Before taking on such responsibilities, however, children are engaged in an apprenticeship process that prepares them for the tasks they are to perform. Therefore, the child’s participation in caregiving is scaffolded by the adults around them rather than being exploitative. Further, even when given responsibilities in the African American family system, children retain an appropriate developmental status and are not “elevated to the executive

structure of the household” (p. 164). Therefore, investigators must take care not to impose cultural biases that would suggest that all forms of boundary diffusion are harmful to children’s development.

On the other hand, Boyd-Franklin (1989) suggests that, although flexible boundaries can be a source of strength, they also can leave African American families vulnerable to role confusion. The stresses associated with poverty in particular contribute to the development of boundary disturbances that have negative ramifications for psychological functioning. For example, high rates of adolescent pregnancy among African American girls have resulted in the proliferation of three generational households comprising adult women, their children, and their children’s children. Whereas the role of grandmother is a revered one in African American culture, mothers of teenaged moms bear the strains of parenting without the privileges attendant on grandmothers. Raising the second generation burdens the grandmother with responsibilities that conflict with her own adult developmental needs at the later stages of the life cycle even as the three generation family interferes with the development of the young mother. With the blurring of family roles, “the mother of the female adolescent with a baby never fully becomes a grandmother while her daughter is never allowed to fully function as a mother to her own child” (p. 74).

Among the few studies to directly examine ethnic differences, Rudy and Halgunseth (this issue) report that mothers from collectivist cultural backgrounds (Middle Eastern and South Asian) scored higher on a measure of psychological control than mothers from individualist (Western European) backgrounds. However, psychological control was associated with negative maternal affect and attributions only in the individualist group, suggesting cultural relativity in the implications of boundary dissolution. Similarly, Jurkovic, Thirkield, and Morrell (2001) compared self-report ratings of parentification obtained from African American and European American young adult children of divorce. Overall, African American participants reported higher levels of instrumental caregiving but did not perceive their family responsibilities as more unfair than did European Americans, suggesting differences in cultural norms and expectations for children’s contributions to the family’s physical well-being. Nonetheless, the experience of childhood divorce predicted youth’s reports of emotional parentification and perceived unfairness in both African American and European American participants, indicating that boundary dissolution has relevance for developmental psychopathology in both ethnic groups.

Cross-cultural research. The concept of boundary dissolution also has been utilized in cross-cultural research outside the United States. For example, Kameguchi and Murphy-Shigetmatsu (2001) find the concept to be helpful in understanding the pervasive problem of school refusal amongst Japanese children. They note a number of sociocultural pressures that contribute to the development of enmeshed mother-child relationships in Japan. While rigid gender roles constrain well-educated and high-aspiring women to the tasks of home and childrearing, leading to an overinvestment in the lives of their children, men are wedded to their careers and workplaces and tend to be passive and uninvolved at home. Thus, the “membrane” between mother and child is weak and its boundaries blurred whereas the father-child and couple relationships are disengaged. At the same time that children are under enormous social pressure to succeed, overprotective and intrusive mothering contributes to *amae*, a form of emotional dependency (Kameguchi, 1998) which interferes with children’s capacity and desire to individuate. “A fuzzy generational boundary interferes with the developmental tasks of adolescents . . . The child is thus deprived of experiences that accelerate his or her psychological separation from the parents and that also assist the parents in separating from the adolescent” (p. 68). Ultimately, both mother and child collude in behaviors that interfere with individuation, such as allowing the child to stay home from school.

Further evidence for the cross-cultural validity of boundary constructs is found in Bradford, Barber, Olsen, Maughan, Erickson, Ward, and colleagues’ (2003) investigations of psychological control in nine cultures; Olsen, Yang, Hart, Robinson, Wu, Nelson and colleagues’ (2002) studies of preschool children’s adjustment and intrusiveness in China, Russia, and the United States; and Jurkovic and colleagues’ (this volume) research on parentification and filial responsibility in Bosnian adolescents.

DEVELOPMENTAL CONSIDERATIONS

Viewed within a developmental context, the function and meaning of family processes such as boundary dissolution can be expected to change over the course of childhood (Sroufe & Rutter, 1984). These developmental differences may play out in a variety of ways. First, as children navigate the stage-salient issues of different developmental periods, the implications of varying forms of boundary dissolution may come to the fore (Shaffer & Sroufe, this volume). For example, enmesh-

ment in the toddler years may be particularly significant by interfering with crucial aspects of early self development whereas intrusive parenting may be most pernicious in adolescence by thwarting the autonomy strivings associated with this stage of development.

Second, each developmental stage may challenge the parents in new ways that increase the risk for boundary dissolution. For example, during the practicing subphase of separation-individuation (the “terrible twos”), the parent must tolerate the child’s intense ambivalence between regressive dependency and precocious autonomy without personalizing or rejecting the child’s emotions (Lieberman, 1992). In turn, the middle school child’s increasing shift toward peer and extrafamilial relationships might present a challenge for the vulnerable parent who experiences this as a loss and abandonment (McGoldrick & Carter, 2003).

Third, the emerging developmental capacities of the child allow for greater complexity and differentiation in the child’s response to boundary violations (Bellow et al., this volume; Shaffer & Sroufe, this volume). In particular, as they advance in development children are likely to play an increasingly active role in transactional patterns in the family (Hazen et al., this volume). Fourth, there are likely to be transformations in the ways in which each dimension of boundary dissolution is manifest over the course of development. For example, spousification with young children may take overt forms such as excessive physical affection, whereas the older child might be held close in the form of conversational intimacy. Fifth, there may be developmental shifts in kinds of boundary violations that a parent engages in over the course of the child’s life. For example, Jacobvitz, Riggs, and Johnson (1999) suggest that the parent who is psychologically controlling of the toddler might, as the child advances developmentally, expect him or her to assume responsibility for the parent’s care.

Sixth, there may exist progressive relationships among the forms of boundary dissolution such that one is a developmental precursor to another. For example, intrusive psychological control may provide the mechanism by which a parent inveigles the child in an enmeshed relationship; enmeshment, in turn, may render the child exquisitely sensitive to the parent’s needs and wishes and thus provide an underlay to the development of parentification.

Some research to date has examined developmental variations in forms and consequences of boundary dissolution. For example, Shaffer and Sroufe (this volume) developed coding systems to capture maternal seductive behavior in the toddler, preschool, school-age, and adolescent years and report coherence in the patterns of parenting despite differ-

ences in the behavioral signs across the age range. Hiester (1995) reports data from this prospective longitudinal study following children from age 3.5 to age 13. Observations of mother-child interactions revealed some continuity in extent of boundary dissolution over the ten-year period as well as a pattern of increasing differentiation over time. For boys, early forms of mother-child boundary dissolution tend to coalesce as spousification in early adolescence whereas, for girls, a peer-like adultification was more likely to develop.

CLINICAL IMPLICATIONS OF BOUNDARY DISSOLUTION

The search for protective processes. As we study family dynamics that might place children at risk for maladaptive outcomes, it is equally important to try to uncover protective processes that might mitigate these effects (Kerig, 2003b). Protecting children from the spillover of one's own life stress is another way in which parents maintain appropriate boundaries in the family system (Margolin, Christensen, & John, 1996). By not burdening children with adult worries, parents reinforce the differentiation between adult responsibilities and those of children. Even in the most stressful family circumstances, such as women raising their children in violent homes, many parents are able to shield their children from the spillover of their own tensions and allow children to meet their developmental needs (Graham-Bermann & Hughes, 2003). Uncovering the mechanisms that allow parents to protect children from even such extreme forms of family stress will help to inform future interventions efforts.

Consequently, the revised PBS (PBS-II; Kerig, 2004) includes a scale labeled *protection from boundary dissolution* which assesses the extent to which parents attempt to buffer children from the spillover of parental distress by clearly marking and maintaining the boundaries between adults' and children's responsibilities in the family. Sample items include: "I try hard to protect my child from the stresses I'm going through"; "I make every effort to 'be there' for my child even when I have worries"; and "If my child tries to get involved in my adult problems, I make clear that is not her/his job."

Interventions for boundary dissolution. Interventions for boundary problems may take place at many levels: the individual parent, the individual child, the couple, or the family system (see also Bradford & Barber, this volume). Boyd-Franklin (2003) utilizes Minuchin's structural approach in developing interventions for the African American multigen-

erational family. For example, a new “alliance of executives” is fostered between the grandmother and her daughter so as to allow the grandmother to support her daughter’s learning to become an effective parent. “Thus, the family is restructured so that the child can be given clear signals and messages by both mother and grandmother” (Boyd-Franklin, 1989, p. 75). In the case of the parentalized child of a single parent, the structural family therapist’s goal is to allow the child to continue to be helpful to the parent but to return the child to the sibling subsystem where he or she can exercise a developmentally appropriate level of leadership and “junior executive power” (Minuchin, 1974, p. 98). In an intact family, attention to resolving interparental conflicts is the key to de-triangulating the child (Byng-Hall, 2002). Strategically-oriented family therapists, in turn, utilize rituals in order to shift parents and children into more appropriate roles such as by prescribing a family “retirement party” to mark an enmeshed mother’s “transformation from the mother of a *child* to the mother of an *adolescent*” (Coale, 1999, p. 138).

Interventions targeted to the parents also have been used to good effect. For example, Arbuthnot, Poole, and Gordon (1996) report that a court-based psychoeducational parenting program focused on increasing coparenting cooperation and decreasing interparental conflict was successful in reducing destructive parentification in high-risk families of divorce. Johnston (1990) and Byng-Hall (2002), in turn, emphasize the importance of encouraging parents to develop sources of social support outside of their relationships with children. Boszormenyi-Nagy and Spark (1973) recommend helping parents to resolve issues from their own childhoods so as to refrain from attempting to redress old grievances in their relationships with their children.

In individual work with adults who were parentalized as children, Judd and McGlashan (2003) emphasize the importance of the therapeutic relationship as one in which the individual can experience a caring relationship that is not coercive, exploitative, or requiring of the patient to conform to another’s needs. The therapist is able to provide a corrective emotional experience in which the patient’s true self and spontaneous emotions are accepted and appreciated. Similarly, Wells and Jones (1999) offer empathy, respect, and mutuality to assist adult parentalized children to overcome shame, defensiveness, and the compulsion to repeat in adulthood the kind of relationships they experienced in the past. Byng-Hall (2002) offers the insight that the recognition of intergenerational patterns itself can be therapeutic: “It is easier for each generation to forgive their parents when they discover how unfair their parent’s childhood had been” (p. 382).

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