FAMILY ROLES:

TOWARDS A SYSTEMIC APPLICATION OF THE ROLE METHOD

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A Research Paper

in

The Department

of

Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements

for the Degree of Master of Arts

Concordia University

Montreal, Quebec, Canada

AUGUST 2015

CONCORDIA UNIVERSITY

School of Graduate Studies

This research paper prepared

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Entitled: Family Roles:
               Towards a Systemic Application of the Role Method

and submitted in partial fulfilment of the requirements for the degree of

Master of Arts (Creative Arts Therapies; Drama Therapy Option)

complies with the regulations of the University and meets the accepted standards with respect to originality and quality as approved by the research advisor.

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August, 2015

ABSTRACT

Family Roles: Towards a Systemic Application of the Role Method

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The concept of role is central to the field of drama therapy, where it is considered by many to be not only a useful construct to conceptualize an individual's personality, but also a vehicle for psychological change. This study was concerned with exploring the concept of role in drama therapy as it specifically relates to working with families. Using a theoretical methodology to examine the intersection of drama therapy and family therapy, this study made links between Landy's application of Role Theory and Systems Theory, focusing especially on the concept of family roles. Through an integrative review, this study examined the concept of family roles as it is defined and considered in family therapy literature from the foundational models of the mid-twentieth century to the postmodern approaches of today. Based on this review, this research proposed a new taxonomy of family roles, laying the groundwork for a future systemic application of the Role Method. Drama therapy holds much potential for families seeking to uncover, explore and work through the multiple roles that make up their role system. The author argued that despite the fact that family roles in systemic literature are couched in a modern framework that views these roles as rigid and problematic entities, the creation of a systemic Role Method would place them in a postmodern context, integrating old and new systemic frameworks as well as making valuable link between the fields of family therapy and drama therapy.

ACKNOWLEDGEMENTS

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All the world's a stage,

And all the men and women merely players;

They have their exits and their entrances,

And one man in his time plays many parts.

-Shakespeare

The family is a system in that each member of the system, on cue, says his assigned lines,

takes his assigned posture, and plays his assigned role in the family drama

as it repeats, hour by hour, and day by day...

-Bowen, 1978

Some familial roles are adopted; others are foisted upon us.

The casting studio that is the family has no shortage of roles to dispense.

-Rosenthal, 2006

Chapter 1. Introduction

In his seminal work *Persona and Performance: The meaning of role in drama, therapy, and everyday life*, drama therapist Landy (1993) offered a comprehensive definition of role. Tracing its origin and development through both drama and the social sciences, Landy (1993) argued that role is many things at once: "1. A unit of personality. 2. A container of thoughts and feelings. 3. A personality concept. 4. A performed character in theatre. 5. A metaphor for social life. 6. A method of treatment" (p. 8). Indeed, for Landy (1993, 2008) and other drama therapists (Emunah, 1994; Jones, 2007; Jennings, 2011) role is more than just a way of conceptualizing personality or behaviour, it can also be a vehicle for psychological change. Landy's (1993, 2008) Role Method, the model at the heart of the present study, is not the only drama therapy framework that is concerned with role. Jones (2007) argued that role-playing is one of the nine core dramatherapeutic processes, stating that the act of role taking - "depicting something or playing a part of themselves" - is part of what makes drama therapeutic (p. 108). In her developmental model of drama therapy, Jennings (2011) devotes an entire stage to role, describing the moment when the child begins to experiment with his or her role repertoire through the taking of roles and role reversal (Jennings, 2011). Role-playing is one of the phases in Emunah's (1994) five-phase model of drama therapy, offering clients the opportunity to practice life skills, explore interpersonal relationships and expand their role repertoires. Role holds such a prominent position in the field of drama therapy that many drama therapists (Johnson, 2011; Snow & d'Amico, 2011) have developed assessment tools that focus on role and role-playing. Instruments such as Johnson's

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(2011) Diagnostic Role-Playing Test, Snow & d'Amico's (2011) Drama Therapy Role-Play Interview, and of course Landy's Role Profiles Card Sort, Checklist, and Tell-A-Story (TAS) assess not only a client's ability to enter role but also their capacity to think about their psyche in terms of roles (Landy & Butler, 2011). This study is concerned with exploring the concept of role in drama therapy as it specifically relates to working with families. I will make links between Landy's (1993, 2008) application of Role Theory and Systems Theory, focusing especially on the concept of family roles as it is defined in the field of family therapy.

As we shall see, much of Landy's (1993, 2008) work as a researcher and a clinician has been concerned with the re-grounding of Role Theory in its dramatic roots. Landy (1993) noted that role remained largely in the dramatic realm until the 1930s, which saw the proliferation of research in the social sciences. It was then that Role Theory was born, proposing a notion of the self as dual and multiple. Landy (1993) pointed out that this decentred conceptualization of the psyche was in stark contrast with the nascent model of humanistic psychology that maintained the existence of a single true self that could be uncovered and strengthened through psychotherapy. Instead, role theorists proposed that the self is comprised of several socially constructed roles that are taken on and played out depending on the situation. This philosophy, and its application by Landy (1993, 2008) and many others will be discussed at length in the present study, and will be examined in relation to another theory that has also studied roles, albeit in a very different way.

Indeed, a couple of decades after the establishment of Role Theory, Systems Theory led therapists to consider the family in a wholly different way: more than just as a

group of relatives, but as a homeostatic and autonomous system that is governed by a unique set of rules and roles (Dallos & Draper, 2005). In a family therapy context, as we shall see, roles are viewed as interpersonal as opposed to intra-psychic. Goldklank (1986) pointed out that when viewed from a systemic lens, role shifts from denoting individual personality traits to describing an interpersonal process. One of the earliest definitions of the family role in systemic literature was articulated by Mangus (1957). He viewed roles as "learned patterns of human conduct. They are acquired by the individual in response to prescriptions and expectations of other significant persons in the life of that individual. Roles are always reciprocal" (p. 201). Nearly a decade later, Jackson (1965) argued that the family role goes beyond gender, legality or chronology and "describes certain expected, permitted, and forbidden behaviours" (p. 7). More recently, Vernig (2011) offered the following definition of family roles:

> Sets of culturally bound behavior patterns and personality traits thought to encompass the functioning of family members within the home; such roles include flexible and naturally occurring components of a family (caregiver, disciplinarian, etc.), as well as rigid, maladaptive roles that are hypothesized to develop in families with an alcohol-dependent parent (p. 542).

So, family roles encompass not only practical responsibilities such as providing financial security or caretaking, but also emotional ones. Moreover, as Vernig (2011) suggested, there is a long tradition in the family therapy literature of these roles become dysfunctional.

In my own family, I have always been what Kottler and Englar-Carlson (2010) have described as the *lightning rod* – the one who holds and articulates big emotions,

whether they are difficult like shame, fear, and grief, or more positive feeling states. This ability to feel and express emotions led me to study theatre and work as an actor, director and educator for a decade. My work in theatre taught me so much about the human psyche: how to take a character's history and how to translate their feelings into behaviour. I traced their emotional patterns, questioned their motivation, and unknowingly experimented with concepts such as family dynamics, boundaries, and attachment. In a way, that cast of characters, from Blanche and Stella Dubois to Macbeth and his Lady, laid the groundwork for the therapy training I was to embark on a decade later, as well as the present research. It is important to note that this family history, professional background, and fascination with roles are not only impetus for this study; they also constitute my bias as a researcher. Indeed, I started this research project armed not only with two years of training in drama therapy and a decade of professional experience in theatre, but also a lifetime of playing certain roles in my family and social life. It is impossible to determine just how much these roles and experiences have shaped the present study.

Chapter 2. METHODOLOGY

This study is concerned with exploring the concept of family roles and positioning it as a fruitful site for future research and practice at the intersection of the fields of drama and family therapy. The primary research question explored in this study is: How can role theory and systems theory be interfaced in order to design an intervention that helps families in uncover and explore their family role systems? Many theorists (Shuttleworth, 1980; Radmall, 2001; Wiener & Oxford, 2003; Wiener, 2005, 2008; Strevett-Smith, 2010) have developed models using drama therapy systemically and several clinicians (Bannister, 2003; Cattanach, 2005; Moore, 2006; Meldrum, 2007; Feniger-Schaal et al., 2013) have described their experience of using drama therapy with families. Likewise, there is no shortage of family therapists and systems theorists (Ackerman, 1962, 1968; Jackson, 1965; Satir, 1972; Wegscheider-Cruse, 1981; Black, 1982; Olson, 2000) that have developed theoretical frameworks focusing on the concept of family roles. Yet, there is a lack of research focusing on roles that bridges these two fields, especially given the fact that this concept is at the heart of both drama and family therapy. I believe that family roles are not only a fruitful site for and research in the fields of drama and family therapy; they also hold much potential for developing interventions that integrate these two fields. In order to study family roles as they are defined by systemic theory and could be explored through drama therapy, this study borrowed from a theoretical methodology.

Integrative Review

Randolph (2009) uses Cooper's (1988) Taxonomy of Literature Reviews as a framework and urges researchers using the literature review methodology to consider the focus, goal, perspective, coverage and organization of their research. The first of these

characteristics, focus, was principally theoretical in the case of the present study, as I examined the intersection of drama therapy and systems theory, focusing specifically on the central concept of role. However, since the present research also formulated future directions for the development of an intervention model, including the presentation of a new taxonomy of family roles, it was also necessary to survey literature of practice and applications of systemic drama therapy, as well as other interventions from these two fields that focus on roles. In other words, the present study had two foci: theories as well as practices and applications. As for the goal, Cooper's (1988) second characteristic, the present study relied on an integrative review methodology, which has been defined by Knafl and Whittemore (2005) as a flexible research review method which allows for the consideration of several different types of data, from the empirical to the theoretical. Knafl and Whittemore (2005) wrote: "Integrative reviews are the broadest type of research review methods allowing for the simultaneous inclusion of experimental and non-experimental research in order to more fully understand a phenomenon of concern" (p. 550). In the case of this study, the phenomenon of concern was the concept of roles in drama and family therapy. More specifically, this review was concerned with identifying the place where applied role theory (as elaborated by Landy, 1993, 2008) and family therapy (as elaborated in several models that focus on of role) intersect through a review and integration of research around the concept of family roles.

As far as perspective, I followed Randolph's (2009) lead on qualitative research and adopted an espousal of position perspective by revealing my biases above and referring to them throughout. Since an exhaustive review of the concept of role in two fields as broad as drama and family therapy would be beyond the scope of this paper, I

considered a representative sample of articles and book chapters from the field of drama and family therapy related to roles, with a particular focus on central and pivotal sources. Moreover, given the enormous change that systemic thinking has gone through from the foundational models of the sixties to the postmodern approaches that have swept the field in recent decades, I decided that a chronological organization would be best suited to the present review. This approach allowed for the clear consideration of Landy's writings on the subject of role as well as his proposed interventions and assessment methods, many of which have seen many incarnations. Key systemic interventions from the field of Drama Therapy were also considered in a chronological fashion. Finally, given the present report's status as a graduate project fulfilling partial requirements for the Degree of Master of Arts in Creative Arts Therapies, the audience for this review consisted of my supervisor and colleagues, although it is accessible by the general public online.

Hence, an integrative review surveying the concept of role as it is defined in the fields of family and drama therapy formed the bulk of the first part of this research paper. With regards to drama therapy, as this study was concerned primarily with adapting his model for use with families, the review focused mainly on the contribution of Role Method creator Landy. Since psychodrama is considered to be a separate field from drama therapy, the prolific writings of Role Theory founder Moreno were only briefly touched upon in this review. Moreover, since this study is concerned with clinical applications and Moreno's approach to role is more theoretical and less applied than Landy's (1993, 2008) Role Method, I chose to focus on the latter Nevertheless, Moreno's incredible contribution to the field of drama therapy in general and the conceptualization of Role Theory in particular must be acknowledged.

The goal of the following integrative review was not only to bridge the fields of drama and family therapy as they specifically relate to the concept of role, but also to formulate suggestions for future research, including the development of interventions around family roles. Because of this focus, the bulk of the review was concerned with a survey of family therapy literature as it pertains to the construct of family roles. How do systems theorists conceptualize the family role? Has this concept of role changed over time, from the structural and strategic models of the sixties to the narrative approaches of the early twenty-first century? How do family roles play into therapy: are there specific clinical interventions articulated around them? In order to answer these questions, a representative sample of the systemic literature from the mid-twentieth century to the 2000s was reviewed. Relevant research from other psychotherapeutic fields such as group psychotherapy was also briefly considered inasmuch as they contributed to the study of familial roles. One of the overarching goals of this literature review was the extraction of a list of family roles that could form the basis for a new drama therapy intervention. Concordia University Libraries' Creative Arts Therapies Major Sources (ERIC, ProQuest dissertations and theses, PsychArticles, PsychInfo, and PubMed) was searched, as well as Google Scholar. Key search terms included words and phrases such as: family roles in therapy, patterns of behaviour / behavior in families, systemic drama therapy, roles systems theory, family drama therapy, familial roles, and roles in family systems. As the research progressed, search terms centred around specific roles that had been uncovered as well as key concepts in the literature. A total of 63 artefacts (articles, theses, dissertations, and book chapters) were analyzed to form the body of data for this study.

Clinical Applications

Based upon the findings of this integrative review of the literature, I proposed, in the second half of this paper, a new taxonomy of family roles that could be used for both future research and clinical practice in the fields of drama and family therapy. In order to be considered for the taxonomy, roles needed to correspond with the definitions articulated above and describe patterns of interpersonal behaviours within the family system. All of the family roles found in the literature reviewed were defined and classified into clusters according to the traits and patterns of behaviour they represent. The goal was not only to conduct an integrative review that would reflect the huge body of work that is systemic literature, but also to construct a taxonomy that would serve the needs of families in a clinical setting. For this reason, I chose to rename some of the roles and break up some of the role constellations. I anticipate that these family roles, extracted from my review of family therapy literature from the mid-twentieth century to the 2000s, will form a base from which to do further research in the field of systemic drama therapy and could lead to some exciting clinical applications. Finally, I formulated some suggestions for future research as well as the development of a new drama therapy intervention aimed at helping families uncover and explore the roles that make up their family systems. Because the proposal of a complete intervention was well beyond the scope of this study, I chose to focus on adapting the Role Checklist assessment instrument developed by Landy and colleagues in 2005 (Landy & Butler, 2011). It is my hope that this simple assessment tool using the roles gleaned from this research will be a fruitful site for future testing as well as study in the field of systemic drama therapy.

Chapter 3. REVIEWING THE RESEARCH

Role Theory and the Drama Therapy Role Method

As described in the previous section, Landy's (1990, 1993) Role Method is founded on the principles of Role Theory. While an overview of this theory, which was established by sociologists, anthropologists and social psychologists in the 1930s, is beyond the scope of this study, the immense contribution of Jacob Levy Moreno (1987) to the field of Role Theory cannot be overlooked, especially because of his equally valuable influence on drama therapy. Moreno is also particularly relevant to this paper on systemic drama therapy because of his focus on interpersonal relationships. At a time when psychoanalysis was the only accepted treatment for psychological problems, Moreno suggested that healing could happen interpersonally as opposed to intra-psychically (Blatner, 2000). This stance was quite avant-garde, especially considering that it came decades before the field of systemic therapy was actually founded. Moreno also had an innovative impact on the study of roles: he was one of the most prolific writers on the subject of Role Theory as well as the founder of psychodrama, a therapeutic approach that is based on the tenets of this field (Blatner, 1991).

Landy (2009) summarized the basic assumptions of Role Theory: human beings are natural role players and role takers and the humans psyche can best be understood as a collection of roles. More importantly, Role Theory sees the role as a most useful construct in psychology. Rather than focus on its sociological roots as many role theorists did, Landy (1993) turned to dramatic literature in his application of Role Theory. He wrote:

As people develop and in essence reveal their dramatis personae - a cast of

characters who are able to contain and express their complex thoughts, feelings,

and values -- they fashion a full and rich personality, which I conceive as a system

of interrelated roles (Landy, 1993, p. 30).

For Landy (1993), different types of roles make up an individual's personality. Primary

roles, many of which are somatic roles (the newborn is a mover and a breather, for

example) are given, not learned. Many of them appear in utero and, with the exception of

gender and ethnic roles, serve a biological function. In Landy's (1993) model, secondary

roles are taken, in that they appear when the child begins to explore with role-taking.

Role-taking starts at the stage when the child is able to distinguish between what

Winnicott (1971) has termed the "me" from the "not me" (p. 47). In this transitional

space, the young child begins to imitate and eventually identify with certain roles through

role reversals and role-play, a process that marks an important part of psychic

development. This role-taking, Landy (1993) pointed out, is determined by social

relationships and continues throughout the lifespan. The third level in Landy's (1993)

system are the roles that humans play out in order to "get in and out of one's self," or to

adjust a particular environment. When problems occur in role-playing, there is either a

lack of role ambivalence, which leads to an individual having a restricted role repertoire,

or an overabundance of role ambivalence, which leads to role confusion (Landy, 1993).

This developmental hierarchy of primary, secondary, and tertiary is similar to Moreno's

(1960) classification, which divides roles into three categories: psychosomatic (roles

pertaining to physical processes), psychodramatic (roles pertaining to inner psychological

processes), and social (roles pertaining to interpersonal relationships). Landy (1993)

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further classifies roles into six different domains: somatic, cognitive, affective, social, spiritual and aesthetic.

Landy's (1990, 1993) system not only looked at how an individual's role system is built, but also on the relationship between roles, which can be complimentary or conflictual. In Landy's (1990, 1993) model, the conflicts within an individual's role system are conceptualized as a struggle between role and counter role. Landy (2008) explained that "counterroles are not simple opposites, as villain is to hero, but can also represent a quality that one perceives as existing "on the other side of the role" (p. 104). Each role in Landy's (1993) model can pair up with any other role as its counterrole, and these dyads are unique to each person. Landy (1993) acknowledged that the multiplicity engendered by these role-counterrole pairs may cause ambivalence; in fact one of the underlying principles of his system is that balanced individuals can tolerate the paradoxes of their role systems. Balanced individuals not only have flexibility in the number of roles they can take on, but are also able find roles, which Landy (2010) called guide roles, that integrate their roles and counter roles, thus allowing them to tolerate the chaos of their internal cast of characters. These guide roles are a central element in Landy's (1993, 2008) model and one of the keys to its application in clinical settings. Landy (2009) has described the guide as " The guide is a helmsman, pilot and pathfinder; a helper who leads individuals along the paths they need to follow" (p. 68). For Landy, (2009) whose model denies the existence of a self, the guide role serves an essential function of integration. In therapy, then, the purpose of treatment is to move the client to a more balanced and integrated state through the identification of guide figures both inside and outside the role system (Landy, 2008).

Landy's (1993) study of roles led him to explore the dramatis personae of hundreds of plays in the Western canon, thus creating a taxonomy of roles, Each role in Landy's (1993) system has different subtypes, each of which is associated to theatrical examples. For example, Renegade/ Rebel daughter, a subtype of the Daughter role, is linked to the character of Jessica in Shakespeare's *Merchant of Venice*. The taxonomy is an important part of Landy's (1990, 1993, 2008) clinical approach. Indeed, for Landy, (1993) the goal of drama therapy is the construction of "internal system of roles that translates into meaningful action in the world" (p. 31). As we shall see, the taxonomy is integral to several of the instruments Landy developed to work with individual clients. The present study is concerned with working towards the adaptation of Landy's (1993, 2008) model to work systemically with families as opposed to intra-psychically with individuals. If the basic principles of Landy's (1993) system are that an individual's role system is fully portable, accessible at any time and modified at any stage of development, does this mean that a family could do the same? Landy's (1993) model offered a hierarchy of family roles: from father to daughter, he suggested that family roles are primary and secondary. But what about tertiary family roles, those roles that are intricately linked to the way that a family functions?

The first step in adapting Landy's instrument was to consider it from a systemic lens. Landy's (1993) taxonomy and approach are the fruits of his research on the individual psyche as opposed to the family system. In order to adapt his system for use in a family therapy context, it was necessary not only to generate a new taxonomy -- of family roles -- but also to survey systemic literature for cues as to how to approach a family's role system in a clinical setting. Which models of family therapy focus on family

roles? How do these models construct the idea of family roles? Which family roles come up again and again in the literature? How does the idea of a family role system evolve in the literature, from the early models of the 1960s to the postmodern approaches of today?

Family Roles in Systemic Literature

1940s-50s: Foundations of the Family Role

General systems theory. As early as 1926, on the heels of the Industrial Revolution, Sociologist E. W. Burgess proposed that the family unit, no longer considered to be an economic institution, should be regarded as a network of interacting personalities. Two decades later, in the forties, a theory was developing that would allow researchers and clinicians to view the family as more than a group of people living under one roof but as a natural social system (Goldenberg & Goldenberg, 1996). At the roots of General Systems theory are Bertalanffy's (1950) ideas about a model which would encompass all living systems, allowing us to understand how things work by looking at the relationships between its parts. Systemic therapists drew from his ideas as well as from the work of Bateson (1956) among others, who applied this theory to the social sciences, proposing a new way of looking at and treating psychological problems by focusing on familial as opposed to individual issues. This was a major paradigm shift in a society where individual-centred approaches such as psychoanalysis were dominant. Although he was not a clinician, Bateson's ideas about communication and how systems maintain stability were influential for decades to come. His contribution to the study of schizophrenia is a good example of this upheaval: whereas this disorder had always been regarded as an intra-psychic phenomenon, his was a daring theory that proposed it might have interpersonal causes as well (Bateson et al., 1956). Bateson's (1956) double bind

theory, which suggested that communication dilemmas in close relationships wherein an individual received two or more conflicting messages contribute to the development of psychotic disorders such as schizophrenia, has since been dispelled (Goldenberg & Goldenberg, 1996). Nevertheless, it is a testament to the shift in thinking that was occurring at the time.

Systems theory, which is concerned with studying the relationships of parts in a whole, viewed the family as an independent and self-governing system that has its own set of rules and patterns (Dallos & Draper, 2005). These patterns are circular rather than linear, and are maintained by the system's homeostatic features. First articulated by Jackson (1957), the concept of family homeostasis maintained that a family system, like any system, will always work towards preserving a sense of balance, even if this equilibrium is achieved by dysfunctional means. Systems theorists view individuals as interdependent: so, the context in which an individual lives is viewed as vital in shaping his or her life (Goldenberg & Goldenberg, 1996; Dallos & Draper, 2005). In a systemic context, individual issues are seen as intricately bound up in relationships and one family member's symptoms are seen as indicators of dysfunction in the family as a whole (Dallos & Draper, 2005). This brings up the first and perhaps the most famous of all family roles, the *identified patient*: that family member who holds and exhibits symptoms for the entire system, thus maintaining stability and homeostasis (Goldenberg & Goldenberg, 1996).

Marital counseling. Though a separate field from nascent systems theory and a precursor to the field of family therapy, marital counseling is especially relevant for this literature review because of the influence of role theory on this field in the 1950s. In

1951, Mowrer & Mowrer made a case for a sociological study of marriage focused on the interaction between people instead of individual personalities. In fact, Mangus (1957) proposed that role theory be the foundational theoretical framework for the field of marriage counselling. That same year, Kargman (1957) defined marriage counselling as "short-term therapy aimed at helping a person to define his roles and to adjust to these role definitions and expectations" (p. 263). Focusing on their reciprocal nature, Mangus (1957) conceptualized roles as patterns of behaviour that are developed in accordance to the expectations of others. In an ideal marriage, according to this model, there is congruence of role expectations. This integrated marriage as Mangus (1957) called it, was characterized by both spouses being in accord in the way they viewed each others' roles and their own. The job of the marital counselor, then, was to make clients aware of their roles and expectations. Despite this attention to role, early marital counseling literature does not make mention of any specific roles other than the secondary ones of wife, mother, husband and father.

1960s-70s - Family Therapy Pioneers

   Jackson & Ackerman: psychodynamic influences. Early family theorists also emphasized these ideas of role congruence and reciprocity. What's more, the marital relationship remained central to theories of family balance and integration in early systemic literature. In 1962, Ackerman and Jackson founded *Family Process,* the very first major academic journal in the field of family therapy (Goldenberg & Goldenberg, 1996). Jackson and Ackerman, like most psychiatrists at the time, were heavily influenced by psychoanalysis, and this theory undoubtedly contributed to the foundational family therapy models, including the literature on family roles. London

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(1989) wrote: " The concept of family role assignment, prominent in contemporary psychodynamically oriented family theory, envisions the family as having a division of emotional labour with different members responsible for designated psychological tasks" (p. 146). Jackson (1965) was among the first to suggest that family members' relationships ordinarily follow certain predictable patterns that are unique to the family system. In this rule-governed and homeostatic system, Jackson (1965) argued that roles were important constructs and that family therapists had to focus not on individual roles but on the interaction of roles in a relationship. Jackson's definition of the family role as a set of prescribed behaviours corresponded to what Landy (1993) categorized as tertiary roles, or roles that are played out behaviourally.

Ackerman, (1961, 1962, 1966) like Jackson, viewed the family from a psychoanalytically-oriented lens, applying psychodynamic principles to the interactions between family members. He conceptualized the family as a role system, maintaining that this system needed to be flexible and adaptable, especially as the younger generation started to gain autonomy (Ackerman, 1962). Ackerman (1962) also suggested that a family system benefited from having complimentary roles. This became a central focus in the study of roles and constitutes a first link between Landy's (1993, 2008) role-counterrole paradigm and systems theory: in a family system, a role cannot exist without its complement. Landy's (1993) intra-psychic role complementarity is different than Ackermans's (1962) and other early family therapists, however: as we shall see, Landy's model is couched in a very different philosophical perspective than the one Ackerman was working from. For Ackerman (1962), a lack of role complementarity, meaning the extent to which family members roles compliment each others', could lead to conflict and

reorganization of family into opposing groups. Chronic conflict due to the breakdown of role complementarity in a family could lead to scapegoating: the identification and singling out of one family member as the cause of the family's problems. In articulating the concept of *prejudicial scapegoating*, Ackerman (1961, 1962, 1966) was the first family therapist to identify one of what Landy (1993) would term tertiary roles: those that are behaviourally played out. According to Ackerman (1962, 1966), scapegoating enrolled other family members as well: they would take on the role of *persecutor* and *victim* but also those of *healer* and/ or *rescuer*. Ackerman's (1962) clinical task, like that of many family therapists after him, was not only to make families aware of these roles but also to spread the symptoms or problematic behaviour from the *scapegoat* to the rest of the family unit.

Much of the literature (Ackerman, 1962; Tharp, 1963; Jackson, 1965) from this period focused on the concept of role complementarity or reciprocity: the idea that in a family or couple, the pattern of an individual's behaviour (his or her role) will compliment the role of a partner. So, if mother plays a nurturing role, it would be best if father is in the role of provider. In his review of early family therapy theory, Barnhill (1979) noted the importance of the concept of reciprocity: the breakdown of role reciprocity was viewed as a source of conflict in family systems. Nowhere is this focus on reciprocity more present than in the literature on gender roles in families. Tharp (1963) focused on the husband-wife relationship at the core of the family system, describing it as a "performance of many roles" (p. 109). Almost a decade earlier, in their seminal work, *Family, Socialization, and Interaction Process,* Parsons & Bales (1955) had conceptualized gender roles in families as either instrumental (goal-oriented and

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tending to affairs outside the family system) or expressive (socially sensitive and tending to affairs internal to the family system). Their model included two axes: power/ hierarchy and instrumental vs. expressive function (Parson & Bales, 1955). The father/ husband, then, was viewed as high on both power and instrumentality, while the son's was low on power but high on instrumentality. Females played a more expressive role: thus the mother/ wife was seen as high on both power and expressive function, while the daughter's role is low on power and instrumentality, being high on expressive function as well. Taking his cue from Parson & Bales (1955), Tharp (1963) suggested that role expectations are crucial in a marriage and that instrumental (husband) and integrative (wife) roles are established through parental identification thus allowing them to trickle down from one generation to the next. Tharp (1963), too, emphasized the importance of complementarity of needs/ roles, suggesting that this concept may be the "most influential" (104). His model of the marital role system gave more importance to the masculine position, however, in that he suggested that "the husband's role performance is more crucial than that of the wife" (p. 97).

      Structural family therapy. Minuchin (1974, 1981) was one of the founders of structural family therapy, a foundational approach that focused not only on rules and roles but also on hierarchy, coalitions and boundaries between family members. A full survey of his tremendous body of work is well beyond the scope of this paper. However, certain of the key concepts that he contributed to the field should be reviewed here as they pertain to this study of family roles. Minuchin, (1974, 1981) who started his career working with families struggling with schizophrenia and anorexia, proposed, like many family therapists, that the rules and patterns that govern a family's interaction emanate

from the very structure of the family: in order to produce change, therapists had to change this structure. Crucial to this structure was the issue of proximity and distance between family members, which was captured in Minuchin's (1974) boundary continuum. Minuchin (1974) suggested that boundaries within a system range from disengaged (with family members lacking feelings of intimacy and connectedness) to enmeshed (where family members lack a sense of autonomy). How do roles fit into this continuum? Minuchin (1974, 1981) emphasized the need for clear delineation of roles, warning that role confusion was often a result of diffuse (enmeshed) boundaries. He observed that in the families he treated, there was often either an over emphasis or lack of nurturing roles: indeed, his model suggested that dysfunction within families stemmed from either over or underaffiliation (Minuchin, 1974).

Minuchin (1974, 1981) also focused on the hierarchy of roles in a family system, introducing the role of the *parental child*. This role of a child who finds himself in an executive role within the family will come up again and again in the literature. Tracking a family's patterns of interaction, Minuchin (1974) identified several family roles: the *nurturer* and *scapegoat* as we have seen, but also the family *switchboard*, the member through which all communication passes and through whom family operations are routed. Finally, Minuchin (1974) maintained that healthy families were first and foremost characterized by flexibility and an ability to adapt their role structure. Like his colleagues, he maintained the importance of complementarity of roles, especially within the spousal sub-system, as this helps a family system maintain balance. Nevertheless, several of the clinical interventions used by Minuchin (1974) involved challenging complimentary roles

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in a subsystem, sometimes causing patients to reverse roles and often reassigning roles or shifting attention from the identified patient to the other family members.

Bowen's Family Systems Theory. Bowen (1978), regarded as the founder of the Family Systems Approach, offered the following metaphor for the way a family is organized:

> The family is a system in that each member of the system, on cue, says his assigned lines, takes his assigned posture, and plays his assigned role in the family drama as it repeats hour by hour and day by day [...] Family members who can become adept at knowing their roles can bring about predictable change in the action-behavior patterns of others (p. 298).

Despite this description. family roles were not a major part of Bowen's (1966, 1978) model, which focused on differentiation of self (as opposed to fusion) as well as the transmission of patterns not only from parent child but also from generation to generation. Bowen (1978) cannot be overlooked here, however, because so much of his model echoes so many of the themes we have seen up to now. Just as Minuchin (1974) did before him, Bowen (1978) called for a balance between separateness and connectedness to family members: he believed that people had a natural tendency to choose a partner with the same level of differentiation, creating families that had a tendency for either over/ underinvolvement, or ideal differentiation. This focus on balance is reminiscent of Landy's (1993) model, which called for equilibrium between an overabundance or underabundance of what he called "role ambivalence" (p. 40). Other than balance, Bowen (1978) also focused on alliances between family members. One of his chief contributions to the study of families is his theory of the triangle as the most

stable emotional unit in a family system: Bowen (1978) believed that when things got unstable in a dyadic interaction between family members, the natural tendency was to triangulate in another person to relieve the tension. Although bringing a third person into the mix does relieve tension, it does very little to solve the issue between the two original family members. One of the tasks of the family therapists was to help family members recognize and detangle themselves from problematic triangles. A relevant and related model focusing on the interactions between roles was Karpman's (1968) Drama Triangle. Heavily influenced by Bowenian theory and the literature on roles, Karpman described the interaction between *persecutor*, *rescuer* and *victim* as a triangle where role reversals are possible: so, the rescuer might become a persecutor when the victim he or she is trying to help refuses to be helped (Karpman, 1968). Karpman's (1968) model sees the victim as helpless, the persecutor as blaming and authoritative and the rescuer as the classic enabler.

Bowen (1978) is important to consider because he so clearly elucidated a lot of what actually happens between family members in terms of fusion and distance. Following in his footsteps, Bowenian family therapists Fogarty (1976, 1979) and Napier (1978) clearly described patterns of pursuing/ intrusion and distancing/ rejecting in family relationships. Fogarty (1979) described the *pursuer* and *distancer*:

> The pursuer tends to move in, [...] believing in togetherness, a sense of unity and 'weness' and a desire to share. She has the false hope that completion lies outside self, if only one could get to that other person. [...] The distancer tends to move away and out of. He regards the personal relationship as desirable but dangerous. [...] He must preserve his 'I' at any cost" (p. 13).

Although they are not referred to as roles per se, it makes sense in the context of this study to consider them as such, especially since Fogarty (1976, 1979) claimed that all people have a little bit of both parts inside them and will play either one depending on the context. Likewise, Napier (1978) described the interaction between the *rejecter* and the *intruder* as very common in troubled family relationships and traces their origin back to early childhood patterns of abandonment or engulfment. These roles and patterns of interaction come up again and again in systemic literature and are even referred to in many of today's widespread attachment-based couple therapy models (see Greenberg & Johnson, 1988; Betchen, 2005; Levine & Heller, 2011).

Some theorists looked at the idea of closeness and distance not in terms of the marital couple but with regards to children's role assignments. Stierlin (1974), another psychoanalyst, turned his attention to the idea of family role assignment during separation and individuation at adolescence. He argued that family roles are assigned to offspring by parents, depending on the roles that they themselves played in their own families, and that these roles usually fall into one of three categories or patterns: binding, expelling, and delegating (Stierlin, 1974). In families where the binding mode predominates, parents keep their offspring very close to them: the central message is you cannot leave the family. If the principal mode is delegating, children may move away but remained tied to it by fulfilling certain tasks for the family. Finally, in family systems where roles are assigned through the expelling mode, children are rejected and pushed to separate from the family before they are ready to. These three modes - *binding, delegating,* and *expelling* - shall also be considered as roles since they describe a specific pattern of interaction between family members.

Satir's Human Growth model. As a female and a social worker, Virginia Satir

(1972, 1975, 1983) stood out in a sea of male psychiatrists. One of the founders of family

therapy, Satir's (1972) deeply humanistic stance also set her apart from the crowd: she

argued that psychological problems were the result of a deficit in growth and focused on

bolstering self esteem in family members rather than tracking dysfunctional patterns.

Another thing that set Satir (1972, 1975, 1983) apart from her colleagues was her interest

in the way that family members communicate with each other. She was not the first

family therapist to focus on communication, of course; one of the earliest and most

famous theories to come out of the field was the double-bind communication theory

which was first put forth by Bateson and colleagues (1956) as a contributing factor in

schizophrenic families. Satir's (1972) focus on communication was different because it

was influenced by her profoundly humanistic stance and way of working with families.

She argued that dysfunctional families were characterized by unhealthy communication

patterns and outlined four roles that family members often rely on when under stress. She

viewed these roles as ways of keeping inner feelings under control when family stressors

were high. Moreover, she observed and described these roles both verbally and through

posture and body language. The first of these, the *placater*, seeks to please above all else,

acts weak, tentative and self-effacing and is constantly apologizing; the *blamer* seeks to

dominate, constantly finds faults and accuses other family members; the *super*

reasonable person (or *computer*) refuses to get emotionally involved, stays detached,

robot-like, adopts a rigid stance with others; finally, the *irrelevant person* (also called

distracter) seems unable to relate to anything that is going on (Satir, 1972; Satir,

Stachowiak & Taschman, 1975). Satir (1972, 1983) also identified a fifth role - the

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congruent communicator - who is genuine and able to send out appropriate, direct and clear messages to family members.

Finally, the work of Satir (1972, 1975, 1983) is useful to consider from a dramatherapeutic perspective not only in terms of theory but also practice. Citing Moreno as a major influence of her work, Satir was known for pioneering the use of embodied techniques such as role-play and family sculpting. In the late sixties, she developed an intervention called Family Reconstruction, which has been described as part psychodrama, part Gestalt, part hypnosis, part role-playing (Goldenberg & Goldenberg, 1996). The technique involved enrolling the client and reenacting his or her family dramas, often going back to earlier generations. Indeed, Satir was a trailblazer: Schwartz (1995) notes that she was the first family therapist to write about subparts or roles in a way that acknowledged the multiplicitous nature of the human psyche.

Feminist family therapy: a new take on gender roles. The end of the seventies also saw a wave of feminist literature challenging the male-dominated frameworks reviewed above, much of which focused on changing gender roles. Starting with Hare-Mustin's (1978) seminal paper critiquing the field of family therapy, there has been a call for family therapists to be aware of their own biases and to consider the extent to which the sex roles prescribed by society are oppressive to women. Hare-Mustin (1978) argued that womens' entry into the workforce had not released them from the expressive role prescribed by Parsons and Bales in 1955, and that this power imbalance in family roles needed to be acknowledged by clinicians inside and outside the family therapy room. Hare-Mustin (1978) rejected the fixed roles outlined by Parson and Bales (1955) and picked up by their contemporaries: she argued that if systemic therapy was to reach its

potential as a field recognizing the importance of social context, it needed to acknowledge the oppressive structures that existed at its very base. Many feminist therapists (Gillian, 1982; Gibbs, 1985; Goldner, 1985) followed Hare-Mustin's lead and developed these ideas about gender roles. A decade later, Hare-Mustin (1987) revisited her thoughts about family therapy, writing now from a decidedly post-modern lens and defining the family as a "constructed reality" (p. 1).

1980s-90s - New directions and contemporary models

Hare-Mustin's (1987) essay on family therapy and gender roles is a fitting segue into this next section, which will review more contemporary family therapy literature. The eighties and nineties saw a decrease in the popularity of roles as a concept in systemic literature. Structural models focused on changing dysfunctional interactional patterns gave way to a different way of working with families. This shift from a problem-centred view of family therapy to a more decentred stance will be explored in detail further on in this section, especially as family roles are considered in relation to Landy's (1993, 2008) postmodern framework. Although the concept of family roles is less present in the literature from this period, there are still some major models that refer to them, as well as a wealth of literature on familial roles among specific populations as well as literature from the related field of group psychotherapy.

Integrative family therapy models. Among the frameworks that grew out of the foundational models of the sixties and seventies described in the section above, two are useful to consider here, because of the importance they place on the concept of role. The McMaster Model of Family Functioning (MMFF, Epstein, Baldwin & Bishop, 1983) grew out of the structural model and aimed to distinguish between healthy and unhealthy

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families through an assessment tool called the Family Assessment Device (FAD). Six dimensions of family functioning underlie the MMFF and are assessed through the FAD, which is a 53-item questionnaire: problem solving, communication, roles, affective responses, affective involvement, and behaviour control. In assessing the role dimension, the MMFF looks at a family's role system in terms of its ability to fulfill certain functions including: "provision of resources, providing nurturance and support, supporting personal development, maintaining and managing the family systems and providing adult sexual gratification: (p. 172). The FAD assessed family roles through a Likert scale, with items such as "We make sure members meet their family responsibilities," and "Family tasks don't get spread around enough" (Epstein et al., 1983, p. 173). Indeed, the FAD does not assess which roles are present within a family but whether these roles are assigned in a complimentary or equitable way. This idea of reciprocal roles was very much in line with the structural and other foundational from which this model grew out of.

The other relevant framework is the Circumplex Model (Olson, Russell, and Sprenkle 1983). This model, which is still widely used thirty years after its creation, looked at three dimensions of family life: cohesion, flexibility and communication, hypothesizing that families who are more balanced on all of these dimensions tend to have better functioning (Olson, 2000). This model was first developed as a way to integrate major family therapy theory and link it to actual clinical practice (Olson, 2000). Self-report instruments were developed to assess families based on these three dimensions, which emerged from a synthesis of over fifty constructs used to describe marital and family dynamics. The model's second dimension, flexibility, is important to look at here. Family flexibility was described as "the amount of change in leadership, role

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relationships and relationship rules" (Olson, 2000, p. 147). The model included four

levels of flexibility: rigid, structured, flexible, and chaotic. Families, Olson (2000)

argued, "need both stability and change, and the ability to change when appropriate

distinguished functional couples and families from dysfunctional ones" (p. 149). So, the

Circumplex model maintained that functional families fall into either the structured

flexible levels of flexibility. In rigid systems, roles are too strictly defined, while chaotic

families are characterized by unclear roles. Olson's (2000) model is significant because,

like Minuchin's (1974) and Bowen's (1978) did a couple of decades before, he stresses

the importance of balance in a family's role system. Olson, (2000) however, differentiates

his framework from those models by pointing out that early family therapy theorists

tended to highlight the importance of rigid family structure and underestimated the

family's potential for change. In this sense, Olson's (2000) system, which places family

functioning on a continuum as opposed to it being black and white, is closer to Landy's

(2008) stance which calls for balance not as "an absolute, but rather a relative measure of

intra-psychic and interpersonal stability" (p. 110). For Landy, however, chaos is not

something to be avoided as it is in Olson's (2000) model: at the heart of the Role Method

is the assumption that an individual's role system is full of paradox and ambivalence. In

this sense, Olson's (2000) view of the balanced family' differs from Landy's (1993, 2008)

balanced individual as the former places chaos at the other end of the continuum,

therefore as problematic as rigidity. Finally, both the Circumplex and McMaster models

are interesting to consider because of their link to clinical practice: both models have

given birth to evidence-based instruments. Since this study is not only concerned by

reviewing the literature on family roles but also with the proposal of a new drama therapy intervention for families, this link to practice is crucial.

Family roles in specific populations. Despite the decline in the popularity of familial roles in systemic literature in the eighties, this construct is at the heart of several models, especially those concerned with families facing specific stressors.

Families where there is a history of substance abuse. In the 1980s, much attention was given to studying the interactional patterns of family members in family systems where there is a history of substance abuse. Black (1982) drew a portrait of the chemically dependent family, focusing not only on the addicted person but also on his or her spouse and children, looking at the way that addiction affects familial roles. She argued that families where there is no chemical dependency have flexibility in their role systems: children and parents are free to take on and play different roles. In family systems where there is substance abuse, roles become more rigid and children in particular may take on roles that, although they are adaptive within the family system, are generally maladaptive and become an integral part of their personalities as they grow up (Black, 1982). She wrote: "in the addictive family system the roles are fueled and created from a basis of fear and shame. As a result children become locked into them based on their perception of what is necessary for survivorship" (p. 26). Black outlined several key family roles, the first of which is the *enabler*, often played by the dependent person's spouse. This role's primary responsibility is to protect and support the addicted person, often while not paying attention to his or her own needs. Children, Black (1982) argued, typically fall into one of four roles: *responsible child, adjuster, placater* and *acting-out child*. While the responsible child is praised for his or her maturity as he or she takes care

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of the family, the adjuster develops a pattern of denial when faced with the chaos of his or her family system, making themselves as invisible as possible. The sensitive placater holds the emotions that the family system cannot express in an attempt to diffuse tension, but it is the acting-out child who exhibits the negative behaviors modeled by the parents, often becoming the family's identified patient. This fourth role, Black (1982) maintained, was less common than the first three. She also noted that while most children will play only one of these roles, some can also have a secondary role (Black, 1982).

Around the same time, Wegscheider-Cruse's (1981, 1989) offered a paradigm of family roles in alcoholic families that was more well-known than Black's (1982). She focused on five roles: the *enabler,* the *hero*, the *scapegoat,* the *lost child,* and the *mascot* (Wegscheider-Cruse, 1981). There are clear parallels between Wegscheider-Cruse's (1981) roles and Black's. The hero shares many of the internal and interpersonal qualities of the responsible child: often the oldest in the family, is usually an over-achiever at school/ work who takes care of the family, making this role very close to the caretaker described by Ackerman (1962) and others. The scapegoat (equivalent to the acting-out child, also called *problem child*), another familiar role, uses negative instead of positive actions to get attention, engaging in risky or delinquent behaviour and getting into trouble. The lost child, like Black's (1982) adjuster, learns early on not to take up too much space, relying on denial and withdrawal; as adults they may have the least contact with their family. Finally, the mascot, akin to Black's (1982) placater, is responsible for holding emotion, diffusing tension and providing comic relief, often finding themselves at the centre of attention (Wegscheider-Cruse, 1981).

The family roles described by Wegshceider-Cruse (1981) and Black (1982) have

been widely studied, integrated into different clinical models and operationalized. In 1990, Verdiano, Peterson, and Hicks developed the Family Role Behavior Index (FRBI), a 46-item questionnaire designed to identify the five roles proposed by Wegscheider-Cruse (1989) in family members. The following year, in 1991, Potter & Williams developed the Children's roles inventory (CRI), a measure assessing the roles played by children in addictive families. Using a combination of Black (1982) and Wegscheider-Cruse's (1981) fours children's roles, Potter & Williams (1991) tested and replicated their instrument, demonstrating its reliability. Two decades later, Vernig (2011) sought to test the scientific nature of these family roles, wondering if they had stood the test of time. In his recent evidence based review, Vernig (2011), looked at different measures including the aforementioned CRI and FRBI and found several problems with these instruments and the theories that underlie them, questioning the utility of placing family members into such narrowly defined roles. Vernig (2011) argued that in order to fully grasp the ways that family members interact in a home where one of the parents is dependent on alcohol, clinicians needed to focus not on the rigid roles that some children may have in common but on the "differences that come into play when family members cope with the myriad social, emotional, financial, and interpersonal consequences of alcohol dependence" (p. 541). This recommendation to hone in on the multiplicity of experiences in families is very much in line with the changing face of family therapy, which as we shall see is not as focused on tracking pathological roles and patterns.

    Families in transition. Other than families where there is a history of substance abuse, much of the literature focused on roles from this period deals with families where there are specific stressors such as acculturation and immigration, as well as other

situations where there are children in parental roles. London's (1989) study uses Stierlin's (1974) model of transactional modes (binding, delegating, expelling) to look at family role assignments in first generation college students, focusing among other things on the multigenerational quality of these roles. London (1989) concluded that although other families may rely on these modes, this model was particularly useful with this population during this important transition. Although his case study did not describe several specific family roles, he did mention a few: the *martyr*, the *overachiever*, the *mediator* and the *parentified child*. Kosner, Roer-Strier and Kurman's (2014) recent qualitative study looked at immigrant adolescents from the Former Soviet Union to Israel, looking at how these subjects coped with changing family roles during this transition. Participants reported that while before immigration their role was to be children, acculturation had enrolled them into very different parts and led them to take on some new and developmentally inappropriate responsibilities. The data they collected revealed six distinct role categories experienced by the subjects: *language broker*, *family navigator*, *breadwinner*, *cultural broker*, *self-caretaker*, *counselor*, and *emotional supporter*. Several of these roles (language broker, cultural broker, family navigator) involved the children learning the language and culture of their new home before their parents and acting as mediators, while others (counselor, emotional supporter) involved nurturing and caretaking. Still others such as breadwinner placed children in a provider role, while self-caretaker reflected the way that the subjects had to rely on themselves during their transition to a new culture.

   Parentification. All of the roles collected by Kosner et al. (2014) fall into the category of *parentified child*. Even before it was first explicitly described by Minuchin

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(1974), the parental-child role appeared in the literature as *caretaker* (Ackerman, 1966).

Parentification has been described as a role reversal (Chase, 1999). It is believed to occur

especially when a family system experiences major changes or abrupt ruptures in its

development: immigration, for example, but also divorce, death, disease, substance

abuse, or poverty. Chase (1999) described parentification as the child learning to sacrifice

his or her own needs in order to respond to the emotional and/ or logistical needs of the

parent. This phenomenon can manifest in a number of ways, including "child-as-parent,

child-as-mate, and spouse-as-parent" (Chase, 1999, p. 6). Byng-Hall (2008) described

how the parenting roles, which are both adaptive and destructive, become internalized.

Indeed, parentification has been associated with outcomes such as depression, anger,

anxiety, low self-esteem, and social skill problems (Chase, 1999; Byng-Hall, 2008).

Parental roles have also been associated with people in the helping profession: the roles

of mediator or linker were among the most common in Goldklank's (1996) study on

family of origin issues among helpers. For her research, Goldklank (1996) designed a

measure called the Complementary Role Questionnaire (CRQ) and outlined several other

family roles including *judge, clown, golden child, boss, healer*, and *scapegoat*.

      Family Roles in Group Psychotherapy. Finally, because one of its main tenets

is the reenactment of family roles and patterns of interaction (Yalom, 2005; Rosenthal,

2006), a brief survey of group psychotherapy literature was conducted. Although an

exhaustive review of the field, founded by Moreno in 1932 (Blatner, 1996) is beyond the

scope or purpose of this paper, some of the literature on family roles in group

psychotherapy was particularly relevant here. As we have seen, systemic therapy places

the potential for healing and change in the family as a whole, as opposed to within the

individual: so too does group psychotherapy. In his seminal work *The Theory and Practice of Group Psychotherapy*, Yalom (2005) identified 11 factors that enable therapeutic change in a group therapy setting, one of them being the *Corrective Recapitulation of the Primary Family Group*. Indeed, one of the basic assumptions of the psychotherapeutic group is that as members get to know each other, the group begins to resemble a family group where clients are safe to explore and repair early experiences (Yalom, 2005). Several theorists (Yalom, 2005; Rosenthal, 2006; Kottler & Englar-Carlson, 2010) have written about the ways in which the therapy group resembles a family system: both have inherent rules, hierarchies, interactional patterns, subgroups, and, of course, roles. Yalom (2005) likened the group leader to a surrogate parent, while Rosenthal (2006) describes the group therapist as a witness to the reenactment of familial roles by group members.

In her study, Rosenthal (2006) likened each of the roles she discusses to actual characters found in dramatic literature. The first of these roles, the *provocateur* (similar to her *instigator*) instigates conflict within the group, while the *usurper*, seeks to take control and power (Rosenthal, 2006). The counterrole of these is the *caretaker*, a role that has come up again and again in this paper. Rosenthal (2006) observed that the generosity and caring of the caretaker role often stemmed from the unmet needs of a "starving child urgently in need of mothering" (p. 192). The *pollyanna* copes by minimizing, deflecting or denying any negative feeling, always choosing to look on the bright side (Rosenthal, 2006). Another role discussed by Rosenthal (2006) is the *Help-Rejecting Complainer*, a classic group psychotherapy role first described by Frank, Ascher, Nash, and Margolin (1952). The Help-rejecting complainer, who continuously seeks attention by asking for

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help while explicitly rejecting any advice or proposed solutions, a pattern which may be due to serious family-of-origin issues such as abandonment (Rosenthal, 2006). A lesser-known role, the *messenger*, was described by Rosenthal (2006) as characterized by "a need to impart unwelcome, painful, and potentially damaging information to other members with an air of confident belief that the recipient could only welcome hearing the so-called truth" (p. 199). Often working in tandem with the *persecutor* (a role described by Jackson in 1962), the messenger can be a destructive force in a group. In Rosenthal's (2006) model, the often-combined *jester* and *mascot* are two separate roles. The jester, like the pollyanna, has a hard time with negative emotion, but unlike the previous role is adept at using humour as a way to diffuse tension. The mascot, on the other hand, is a member who, because of age or experience, is regarded as the baby of the group, a special status that affords him or her a lot of attention and care (Rosenthal, 2006). Other roles mentioned but not analysed by Rosenthal (2006) include: *rebel*, *voyeur*, *judge* and *deserter*. Rosenthal (2006) conceptualized these roles as defenses, and argues that while these roles may be ways that children adapt to their family-of-origins, they can be maladaptive in a group therapy setting. Indeed, Rosenthal's (2006) view on these roles was quite pathologizing and very much in line with the psychoanalytical literature that inspired her paper.

Other theorists adopted a position more in line with Yalom's (2005) and viewed the emergence of these roles as a normative and constructive part of the group therapeutic process. Kottler and Englar- Carlson (2010), for example, tackled several roles in their manual on group leadership, maintaining that the roles people play in groups are due both to the parts they have played in the past as well as the unique dynamics of the group.

Kottler and Englar-Carlson (2010) reviewed several sources for familial roles that find their way into the group therapy room, most of which have already been outlined in this paper as well as a few new roles. The *lightning rod*, for example, holds difficult emotions for the group and the *holy cow* is held up by the group as a sacred object. The authors focused on both what they described as dysfunctional roles -- for example the *aggressor* and *monopolist* who attempt to control -- and more constructive roles that keep a group on track. These constructive roles included the *facilitator*, who makes people feel welcome; the *gatekeeper*, who makes sure the rules of the group are followed; the *compromiser* who mediates; the *energizer* who motivates members, and others. These constructive roles are interesting to consider in light of the literature on parentification outlined above: while group leaders might experience these executive-type roles as constructive in a group setting, the above review of literature on parentification leads one to wonder what family dynamics might be responsible for their development.

Postmodern family therapy. Internal Family Systems Therapy (IFST, Schwartz, 1995) is a pertinent starting point for a discussion of post-modern approaches to systemic therapy. Schwartz (1995), a family therapist, created IFST when he noticed his individual clients naturally spoke about the different parts in themselves. Schwartz began tracking his client's internal interactions in the same way that he had been trained to do so with family members. His model, which conceptualized the mind as an inner family, distinguishes between three categories of parts or inner figures. The *exiles* are injured parts that are made up of feelings and memories of shame, guilt, fear and other painful emotions. The *managers*, which are protective parts, are designed to suppress and keep exiles under control. When they fail, enter the *firefighters*, those reactive parts that are

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summoned and that impulsively distract the system lest it be overwhelmed. Schwartz's (1995) model was pertinent here for many reasons: here was a model that, like the present study, aimed to bridge two paradigms: the first being systems thinking and the second being multiplicity of the mind, which Schwartz (1995) defined as "the idea that we all contain many beings" (p. 9). Schwartz (1995) wrote:

> Multiplicity transports us from the conception of the human mind as a single unit to seeing it as a system of interacting minds. This shift permits the same systems thinking that has been used to understand families, corporations, cultures and societies to be applied to the psyche (P. 17).

Although it is an intrapsychic (as opposed to interpersonal approach), IFST has been widely used in couple and family therapy (Schwartz, 1995; Green, 2008; Carlson & Sperry, 2013; Herbine-Blank, 2013). Finally, Schwartz's (1995) framework was a rare example in the literature of a model that played with the idea of roles in a non-pathologizing way. Schwartz (2013) viewed each part or inner figure as fundamentally valuable and wanting good for the system. For him, the therapeutic endeavour was seen as collaborative and non-pathologizing: "people are viewed as having all of the resources they need rather than having a disease or deficit" (p. 9). This echoes Landy's (1993, 2008) stance on wellness, which is more focused on finding balance rather than locating pathology: there are no dysfunctional roles Landy's (1993, 2008) system either, only poorly integrated ones.

Schwartz's (1995) way of working with families is embedded in a post-modern worldview that swept the field of psychology in the late 1980s (Goldenberg & Goldenberg, 1996; Gil, 2014). While modern psychology placed much emphasis on

uncovering an objective truth, for example by seeking to diagnose or to locate pathology and dysfunction, clinicians working from a postmodern lens challenged the very idea that truth exists, focusing on how meaning is constructed (Goldenberg & Goldenberg, 1996). The social construction movement in psychology (McNamee & Gergen, 1992) for example, focused on how clients create meaning through social interactions. Narrative therapy (Epston & White, 1990) is another example of a postmodern approach: therapists working within a narrative framework don't aim to uncover the truth but rather support their clients in re-storying, re-membering and re-constructing meaning by looking for the strength in a difficult story. In the family therapy room, narrative therapists help families externalize their problems and then unite against them, as well as learn to replace their problem-saturated stories with alternative ones (Epston & White, 1990). Postmodern family therapy approaches saw the potential for change as lying inside the family and involve a major shift in the therapist's stance, from being very directive to more collaborative (Schwartz, 1995; Gil, 2014). A postmodern approach also emphasized the fact that there are multiple realities and ways of looking at a problem: a classic example of this in family therapy would be the Reflecting Team approach (Andersen, 1987). In this technique drawn from the narrative framework, a reflecting team sits behind a one-way screen and observes a family therapy session. At one point in the interview, family members will become the audience and watch as the reflecting team share their perceptions and discuss what went on in the session. The family and therapist then have a chance to discuss and this back and forth may happen several times. Andersen (1987) noted that this approach not only shows families that there are several different perspectives and realties, it also generated several alternative narratives to replace the

problematic story that brought them to therapy.

Postmodern family roles. Radmall (2001) argued that the area of psychotherapy most affected by postmodern thinking was undoubtedly family therapy. Where does this postmodern view of family therapy leave the concept of family roles? As we have seen, this construct of the family role was most popular in the 1960s and 1970s, when the field of family therapy was newly founded. Psychodynamically-oriented clinicians developed models in order to track the dysfunctional patterns in families in much the same way as they had been trained to locate pathology in the individual psyche. Roles, as we have seen, were an important factor in several of these models, and even though their popularity waned, remained an integral part of the literature. From Ackerman (1961, 1962, 1966) to Wegscheider-Cruse, (1981) most of the family roles described in systemic literature remain couched in a decidedly modern view of psychology. As several theorists (Schwartz, 1995; Olson, 2000; Vernig, 2011) have noted, the early systemic frameworks were inflexible: they not only viewed problematic roles as rigid constructs but several also maintained that family members should play certain roles. In those early systemic frameworks, it was believed that healthy families were characterized by clear boundaries, fixed hierarchies and complimentary roles. The roles themselves, from scapegoat to caretaker, were often regarded in these models as dysfunctional or pathological: families were stuck in rigid role transactions and members were trapped in single roles..

What would happen to these roles if they were transposed to a way of working with families that is more influenced by social constructivism and narrative therapy? This stance is particularly relevant in the context of this study since Landy's (1993) role method is essentially a postmodern approach that conceptualizes the mind as

multiplicitous (Landy & Butler, 2011). Although historically the construct of the familial role belongs to a modern framework, it is not incompatible with a social constructivist or narrative lens and can certainly be incorporated into a collaborative, strength-based way of working with families. Rather than looking for pathology or dysfunction in the way a family operates, a family roles assessment based on Landy's Role Profiles would endeavour to help family members not only uncover the roles they play, but also conceptualize them in a different way. By showing families that the roles they play are multiple, flexible, and constructed through social interactions, such an intervention could help them expand and balance their repertoire.

Drama therapy holds much potential for families needing to explore their role systems. In the playspace, so-called dysfunctional family roles can be explored in a distanced, fictional context where family members can move in and out of them in a playful manner. We owe the concept of aesthetic distance to Landy (1983): he defined it as a state where the individual is capable of thinking and feeling at the same time. This distance is central to the dramatherapeutic process, especially when it comes to projective techniques such as the use of puppets, masks, stories, and roles. In this sense, drama therapy holds much promise for revisiting family roles in a distanced way. Strevett-Smith (2010) has noted this potential of drama therapy for exploring roles in a less pathologizing way, helping patients to find new roles and gain a better understanding of old ones. Radmall (2001) has noted that both drama therapy and postmodern systemic therapy share the goal of helping clients to expand their role repertoires and find alternative stories to the unhelpful narratives that they tell about themselves, making the intersection of these two fields a fertile ground for research and clinical practice.

Chapter 4. TOWARDS A FAMILY ROLE METHOD

The taxonomy of family roles presented in this chapter is in line with Radmall's (2001) musings about the potential of postmodern systemic drama therapy, as are the proposed directions for future research and clinical work. Prior to presenting this taxonomy and describing the beginnings of a future intervention using this framework, it is relevant to review the existing literature on systemic drama therapy.

Systemic Drama Therapy

Many drama therapists (Shuttleworth, 1980; Radmall, 2001; Wiener & Oxford, 2003; Strevett-Smith, 2010) have pointed out the potential that drama therapy holds for working with families. The benefits of using drama therapy techniques in a systemic framework are numerous and should be briefly reviewed here. In the first place, integrating play and drama into systemic therapy allows children to be actively involved in the therapeutic process. As we have seen, family therapists see individual symptoms as indicators of systemic issues; in the case of mental health issues diagnosed in childhood, especially, family therapy is regarded as the preferred treatment (Gil, 2014). Yet, involving young children in family therapy poses a conundrum: Gil (2014) noted that many family therapists are reluctant to work with young family members, while drama and play therapist who are trained to work with children often do not get adequate training in systemic models and may feel overwhelmed at the thought of working with an entire family. Integrative models such as Harvey's (2003) and Gil's (2014) mobilize entire families and focus on exploiting the potential of play and drama with clients of all ages.

An integral part of this potential is the fact that drama gives families a chance to explore their issues through metaphor, which for some can feel far less threatening than

talking about family problems in a straightforward way. The core dramatherapeutic

concepts of projection and distance as articulated by Landy (1983) allow family members

to explore family-of-origin issues and problem-saturated family stories without feeling

overwhelmed. Moreover, as an embodied form of treatment, drama therapy may be

particularly useful with families where there is a history of attachment trauma. Drama

and play allow children and adults to tap into memories and feelings in a way that

conversational approaches cannot (Malchiodi, 2013). As sensory and bodily experiences

in early childhood are central to forming and enhancing attachments to caregivers,

Malchiodi (2013) suggested that such experiences in a therapeutic context could be useful

in reshaping attachment bonds and providing client with an experience they might have

missed. Play is a pleasurable activity that engages the right hemisphere of the brain,

which allows unconscious material to emerge (Gil, 2014). In this sense, drama therapy

has extensively been used to foster stronger bonds in families where there has been an

attachment rupture or trauma. Many drama therapists have worked with adoptive

families. Cattanach (2005) argued that a therapist must always view as child as part of a

larger family system if therapy is to be successful. Moore's (2006) Theatre of Attachment

project was unique in that she intervened with adoptive families in their homes as

opposed to a clinical setting, which she believed was empowering for the family. Other

drama therapists focused on at-risk mothers (Meldrum, 2007; Feniger-Schaal et al., 2013)

or families where there is a history of sexual abuse (Bannister; 2003). Harvey's (1990,

2003) Dynamic Family Play model mentioned above is relevant to this paper because it

integrated drama therapy techniques, as well as movement, storytelling, and videomaking

to help families experience intimacy as well as repair and generate attachment bonds. His

family-centred model emphasized the importance of non-verbal behaviour and embodied play, which allows even very young children to contribute to the therapy as much as their parents.

Its great potential for working with families from an attachment-informed and child-centred lens notwithstanding, drama therapy is also uniquely positioned to work in a classically systemic way. Indeed, drama therapy techniques offer clinicians valuable tools to assess and address issues around family dynamics and roles. In fact, clinicians (both traditional family therapists and drama or play therapists) have been using what Wiener (2003) has termed action methods for decades. In 1973, Duhl, Kantor, and Duhl (1973) first described the family sculpting technique during which family members scuplt each other in different tableaux that bring to light problematic family patterns of interaction. Jefferson (1978) noted that sculpting was effective not only in making family problems overt but also in exploring and consolidating behavioural change by allowing families to explore alternative tableaux. Duhl, Kantor, and Duhl's (1973) embodied approach has been used since it was first described; in fact, Satir (1974) was one of its chief proponents. Irwin and Malloy (1975) developed the Family Puppet Interview as a way to generate meaningful interactions between family members and assess family process. Their playful assessment was a window into a family's unique dynamics, including roles: Irwin and Malloy (1975) observed that family roles such as *organizer*, *dominator*, *disciplinarian*, *scape-goat, victim, pacifier* became visible as a family came together to dramatically enact a story with puppets. As Gil (2014) pointed out, drama and play not only generate powerful family metaphors but also give clinicians a window into a family's process. In both of the above examples, the use of dramatic techniques not only

allowed family therapists to assess a family's emotional functioning (the content of the sculpt or puppet show), but also helped clinicians gain awareness of their patterns of interaction (the process of creating art). Gil's (2014) play genogram is also a good example of a family therapy intervention that used play to generate information about a family's content as well as process: she invited family members to construct a genogram by picking miniatures to represent each member.

In their structural model, Minuchin and Fischman (1981) used enactments with the families they treated, asking them to replay some of their dynamics in the family room. Wiener (2000) has elucidated the difference between structural enactments and dramatic enactments that employ a degree of distance and metaphor; still, Minuchin & Fischman's (1981) contribution is relevant here, especially considering the central place that structural theory holds in systemic literature. Wiener (2000) noted that whether they are dramatic or not, enactments allow clients to externalize and concretize family dynamics, roles, and patterns. Indeed, Strevett-Smith (2010) argued that drama therapy as a systemic tool because it gets to the heart of family relationships, "making relational processes visible and tangible" (p. 13). This focus on relationships is central to drama therapy. For example, Emunah (1994) focused on family roles and relationships and how these could be explored through group drama therapy: one of the interventions proposed in her seminal manual *Acting for Real* is a role-play exercise which asks members to take on classic family roles such as *blamer*, *avoider*, *attention-getter*, and *mediator*. Hobeck (2014) used drama therapy to work with children and their parents in parallel group in a psychiatric setting. He noted the importance of creating a safe space where both children and parents could be witnessed and explore their dynamics. Although he is heavily

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influenced by a classically systemic framework, focusing for example on intergenerational patterns, Hobeck (2014) works in a much more collaborative way, as many drama therapists do.

More than just externalizing systemic issues, drama therapy has helped families break old patterns of interaction and help family members shift their perceptions of each other. In his Rehearsals for Growth (RfG) model, Wiener (1997, 2000) used drama therapy to broaden clients' role repertoire and to alter dysfunctional relational patterns. Through the use of techniques such as improvisation and storytelling, families were encouraged to experiment with different roles or to experience novel situations as themselves (Wiener, 1997, 2000). This idea of role repertoire expansion is very important here, as an intervention based on family roles would surely be helpful in helping families experiment with different roles. So too is the notion of family stories: Radmall (2001) pointed out that drama therapy's focus on story it a good candidate to be integrated into a postmodern family therapy model (Radmall, 2001). Indeed, Landy (1993) himself has pointed out that both story and role are at the heart of drama therapy.

Given the systemic potential of drama therapy outlined above, could an intervention based on Role Profiles be created that couches the construct of family roles in a postmodern framework? The following section will aim not only to extract and clarify a new taxonomy of family roles based on the literature reviewed above, but will also look at some of the clinical implications of transposing Landy's (1993, 2008) model to a systemic context.

A New Taxonomy of Family Roles

The first step in adapting Landy's (1993, 2008) system for use with families is to consider the roles themselves. Landy's (1993) original taxonomy comprised 157 roles. This list was revised and refined several times; at present 58 key roles are used for assessment purposes (see appendix A for the taxonomy as it is presently used). Extracted from the analysis of over 600 plays, these roles represent, for Landy (1993, 2008) a way to convey the parts that make up an individual's personality. They also form the basis for several assessment instruments, including the Role Profiles Card Sort, which asks participants to classify each role into different categories, and the Role Profiles Checklist, which is a simplified paper and pencil version of the card sort (Landy & Butler, 2011). Landy's taxonomy has been criticized for lacking cultural sensitivity and has been adapted by different authors to reflect various roles (Mayor, 2012; Jones, 2013). For the purposes of this study, it was necessary to adapt Landy's taxonomy not culturally, but to transpose it to an interpersonal rather than intra-psychic context. In the following section, the roles extracted from the precedent literature review will be considered and classified so as to generate a new taxonomy of family roles. These roles, which will be categorized into clusters according to the behaviours and traits that they encompass, will form a foundation for the development of Role Method assessment and intervention tools destined for use with families.

The precedent review of systemic literature on the theme of familial roles revealed 88 roles (see Appendix B for a list of roles extracted with sources). Of those, several roles appeared more than once. Caretaker was described by (1961) and Rosenthal (2006), enabler is attributed to both Black (1982) and Wegscheider-Cruse (1989), and the

role of healer appeared in writings by both Ackerman (1961) and Goldklank (1986). Golden child appeared twice, first in Goldklank (1986) and again in Potter & Williams (1991) as a alternative name for Wegscheider-Cruse's (1989) hero and Black's (1982) responsible child: in both cases the role is attributed to a parentified child who holds a high status in the family system. The role of mascot was described differently by Wegscheider-Cruse (1989) and Rosenthal (2006). In Wegscheider-Cruse's (1989 model, the mascot holds emotion for the family and responds by providing comic relief, while Rosenthal's (2006) mascot is the baby of the group, whose special status garners him or her attention from others. There were also differences in the role of placater, first described by Satir (1974) as a family member who responds to stress by acting apologetic and negating his or her own needs and emotions. Later, the role was attributed to a slightly different set of behaviours in Black's (1982) paradigm of family roles in addictive families. There, the placater is a child who holds emotions for the family and diffuses tension, much like the mascot does in Wegscheider-Cruse's (1989) similar model. The role of mediator appeared three times in the literature reviewed: first in Goldklank's (1986) paper on family roles among helpers, then in London (1989) where the role is briefly mentioned as a classic family role and again in Emunah's (1994) drama therapy intervention. In these models, the role is a parental role that may be associated to a child: its player seeks to link, translate, and avoid conflict at all costs. Emunah (1994) also revisited Satir's (1974) classic blamer role. The rescuer and persecutor roles were outlined in both (1961) and Karpman (1968) while the victim was described in Karpman (1968) as well as mentioned in Irwin and Malloy (1975). Rebel and judge were both mentioned in two sources: Goldklank (1986) and Rosenthal (2006). Finally, the role of

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scapegoat, perhaps the most classic of all psychodynamic family roles, was mentioned in four distinct sources (Ackerman, 1961; Irwin & Malloy, 1975; Goldklank, 1986; Wegscheider-Cruse, 1989). Once these differences were noted and repeating roles eliminated from the list, the number of roles totalled 73. The next step was to group the roles together into families according to the traits and behaviours associated to them in order to decide which roles would figure in this new taxonomy. In order to streamline the taxonomy, I eliminated roles that were very similar. I also made efforts to render these roles as accessible to the general population as possible: in certain cases, this meant renaming certain roles. In the following sections, bolded roles signify a role that will figure in the taxonomy (see Appendix C for the final taxonomy).

Outsider roles

Although Landy's (1993, 2008) role-counterrole pairs always depend on the individual, his paradigm was a pertinent way to organize this section on the role clusters that make up this new family roles taxonomy. The first constellation that emerged was around the scapegoat, a recurring role in the literature. Ever since it was first described by Ackerman (1961, 1962), the scapegoat role has always referred to that family member who not only holds unacceptable emotions for the family but also expresses them through negative behaviour (Ackerman, 1962, 1968; Irwin & Malloy, 1975; Wegscheider-Cruse, 1981; Goldklank, 1986). Because he or she acts these emotions out, the scapegoat is often the family member for whom therapeutic services are sought; the therapist's job, then, is to spread the problem from this identified patient to the rest of the family system (Ackerman, 1961, 1962; Irwin & Malloy, 1975; Wegscheider-Cruse, 1981; Goldklank, 1986). In the precedent literature review, the scapegoat was akin to Black's (1982) acting-

out child, also called problem child by Potter & Williams (1991). I would also add Schwartz (1995) exile to this cluster: those parts who carry the feelings no one else wants to, finding themselves "closeted away and enshrouded with burdens of unlovability, shame, or guilt" (p. 47). Although the scapegoat role could be seen as encompassing all of these roles, the present taxonomy seeks to make a multitude of roles available to clients so that they may explore them in a distanced and playful manner. So, the scapegoat cluster will be represented by three separate roles: **scapegoat**, who may or may not be a child, as well as **problem child,** and **exile**. Two of the roles mentioned by Rosenthal (2006) - **rebel** and **deserter** - seem linked to the scapegoat as they occupy an outsider role. These two roles, however, appear to have more agency in that they may choose to separate from the family system as opposed to roles who are forced to take an outsider position. For this reason, these two roles will be kept separate in the taxonomy.

Parentified roles

Looking at the roles extracted from the literature review, a possible counterrole to the scapegoat emerged. Goldklank (1986) has noted that there is a tension between identified child (scapegoat) and the parentified child. Indeed, on the 'other side' of the outsider roles lies a cluster of roles that serve an executive function in the family. First and foremost, there is the **hero** role described by Wegscheider-Cruse (1981) as the child who can do no wrong. Black's (1982) description of this role is more nuanced: her **responsible child** is heroic, but pays a price for this status. Indeed, Goldklank (1986) noted that the **golden child**, as she called this role, is admired and seen as an asset because he or she takes on adult responsibilities, thus enabling a weakened hierarchy to persist in the family system. Similarly, London (1989) mentioned the overacheiever role.

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This role type, which shall be represented by three distinct roles in the taxonomy as they may mean different things to clients: **hero, golden child,** and **responsible child.**

These are not the only parentified roles extracted from the systemic literature reviewed above. Indeed, there are several different sub-types in the overarching category of "little adult," (Black, 1982). The hero, as we have seen, gains high status in the family by taking on executive functions: this role adapts by carrying a lot of responsibilities that should belong to the parental unit. Kosner et al.'s (2014) collected a number of roles linked to the overarching theme of parentification: since **self-caretaker**, **breadwinner**, and **family navigator** each describe specific behaviour patterns and responsibilities, all three will be conserved in the taxonomy. As for **cultural broker** and language broker, they are similar enough that only the former will be retained. Finally, since the role of parental child articulated by Minuchin (1974) is a clinical term that may not make sense to clients, and since it is certainly captured in the roles above, it will not be in the taxonomy. It is important to note that these roles, although they are associated to children playing parental roles in the literature, will be accessible to family members of all generations in the context of an intervention based on Landy's (1993, 2008) model. In this new framework, all family roles may be played out by adults as well as children.

Mediator roles

These parental roles are closely linked to another role type that is described over and over again in the literature: the **mediator**. The mediator role cluster, described by Goldklank (1986) London (1989), and Emunah (1994), is related to roles such as the swithchboard, described by Minuchin (1974) as the family member through whom all communication must pass, and the **linker**, which Goldklank (1986) maintained was a

family member who "mediates across the generational boundary and yet pulls back from the conflict" (p. 6). Likewise, Kottler and Englar-Carlson (2010) wrote about constructive roles such as the facilitator, gatekeeper, energizer, and **compromiser**. Since the first three roles are more specific to group therapy, it makes sense to group them under the classic family role of **mediator**. Compromiser, however, describes a pattern that family members may identify with easily, so will be kept in the taxonomy, Moreover, because it describes a pattern that is slightly different, in that this role may connect family members who are not necessarily in conflict, the **linker** will be conserved as its own role as well. Finally, Satir's (1974) congruent communicator, who is skilled at respecting both others and his or herself during conflict, belongs in this category as well, but will be known as **communicator** in order to simplify things for family members encountering this role.

Emotional roles

Certain clusters of roles emerged that are skilled at containing and expressing challenging family emotions. This constellation of roles includes the role of mascot in Wegscheider-Cruse (1981), the placater as described by Black (1982), and the role of lightning rod as observed by Kottler and Englar-Carlson (2010). All three of these roles are defined as being responsible for holding and diffusing emotions that the family system cannot handle. Kottler and Englar-Carlson (2010) described the lightning rod as the one who holds and articulates difficult emotions like shame, fear, anger, or grief. In Wegscheider-Cruse's (1981) and Black's (1982) models, these roles are caring, sensitive and empathic, often providing comic relief in order to gain approval. These roles feel a family's emotions intensely, but are also skilled at expressing them in a way that is

deemed more acceptable than the scapegoat. In order to make this role as understandable as possible to clients working with this taxonomy, this role shall be renamed **emotional container**. Like the mediator and the hero, this role may receive positive attention for his or her behaviour. In this sense, it is connected to the **attention-getter** role included in Emunah's (1994) intervention, though this role shall remain separate in the taxonomy.

Other roles are characterized by the emotional attachment to family members. The literature on emotional boundaries led to two sets of roles that described a tendency to either feel abandoned or engulfed by others. The **pursuer** and the intruder described by Fogarty (1976) and Napier (1978), respectively, seek closeness at all costs, while the **distancer** and rejector need distance. Emunah's (1994) avoider is similar to this last role type. For the sake of this study and taxonomy, Fogarty's (1976) earlier roles will be conserved. Stierlin's (1974) model of transactional modes during children's separation from the family system includes three patterns, described above: binding, delegating and expelling. Classifying these modes as roles was difficult; moreover, it seemed that their qualities have already been captured by some of the other roles in the present taxonomy. The binding mode, for example, is expressed in the pursuer role, while distancer resembles the expelling mode. Moreover the parental roles outlines above capture the essence of the delegating mode, which sees children as brokers for their parents.

Caretaking roles

Another role that may be viewed as constructive is the **nurturer** (Minuchin, 1974), though it has been associated to systemic issues in families where it is over-emphasized. This role was associated to feminine qualities in early marital and family therapy literature and is also closely linked to a cluster of roles centred around caretaking:

the **caretaker** was described by Ackerman (1961, 1966) and later by Rosenthal (2006) to describe children in parental roles. As such, nurturer and caretaker will be kept separate in the present taxonomy. Another constellation of similar roles surfaced, which includes the healer (Ackerman, 1962, 1968; Goldklank, 1986) and family doctor (Ackerman, 1961, 1962). Linked to these are the **counselor** and emotional supporter, roles collected by Kosner et al. (2014) in their study of adolescent immigrants. More than simply taking care, these roles imply health-giving properties; the first of these, **healer**, will figure in the present taxonomy, as will **counselor** since it describes a pattern of taking care of mental as opposed to physical health. While Ackerman (1962) and other sources associated these roles to children in parental roles, a postmodern stance would contextualize these roles in a more multiplicitous way, giving family members a chance to pick several roles they might play in their family system.

Executive roles

The caretaking roles above fall under what Parson and Bales (1955) described as expressive; several other roles that surfaced during the literature review are more instrumental in their quality. Since the roles of **judge** (Rosenthal, 2006, Goldklank, 1986), **disciplinarian** (Irwin & Malloy, 1975) and **organizer** (Irwin & Malloy, 1975) describe distinct traits and responsibilities, they will be kept separate in the taxonomy. Goldklank's (1986) **boss** and Schwartz's **manager** are similar enough that only Goldklank's role will be conserved, since it refers to interpersonal as opposed to intra-psychic processes. In much of the literature reviewed, these instrumental roles were associated to males, while women were seen as fulfilling expressive roles: several models (Parsons & Bales, 1955; Tharp, 1963) maintained that families organized around such

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role assignments were healthier. Again, it is imperative to note that an intervention based on the present taxonomy would seek to deconstruct the rigidity of these roles by placing them in a decentred framework and making them available to al family members.

Deflecting roles

Several of the emerging roles in the taxonomy are centred around how family members react to conflict and stress. One set of roles described behaviours that tend towards soothing and deflecting negative emotions: from the **pacifier** mentioned by Irwin & Malloy (1975) to the pollyanna (Rosenthal, 2006) who spends his or her time minimizing and opposing negativity. This group is closely linked to another role who forgets his or her own needs in order to reduce tension: Satir's (1974) **placater**, who relies on apologizing and self-effacing strategies in order to ease conflict. Linked to this family of deflectors is a cluster of roles who engage in self-effacing behaviours, but not necessarily in order to soothe others. Described by Wegscheider-Cruse (1981), the adjuster adapts to whatever situation arises without making waves; so does the **lost child** in Black's (1982) framework who makes him or herself as little as possible in the family. These roles rely on withdrawal and denial in order to adapt to family stresses. Because it may be easier for families to understand, Black's (1982) role will be used in the present taxonomy.

Another number of roles surfaced describing a pattern of using humour to diffuse tension. Goldklank's (1986) described how the **clown** uses humour to pull attention onto themselves and away from family conflict; likewise, Rosenthal's (2006) jester wants to keep things light and breezy and copes with stress by cracking jokes. Since Goldklank's (1986) role comes from systemic (as opposed to group psychotherapy) literature, this role

will be conserved in the new taxonomy. Although the **mascot** role described by

Rosenthal (2006) would appear to be similar to the clown, it actually describes a member

who because of his or her young age has a special status in the group. In this sense, it is

closer to the **holy cow** described by Kottler and Englar-Carlson (2010). Since they

describe unique traits and will likely evoke different reactions in family members, both

mascot and holy cow will be conserved in the taxonomy. Finally, Satir (1974) observed

two other roles that minimize negativity: the super-reasonable person (which is also

called computer in later publications) rejects emotion and stays completely detached

during conflicts, while the **distracter** (later labeled irrelevant person) is unable to relate

to anything that is going on. Both of these will figure in the present taxonomy, although I

shall refer to the former as simply **detached person** since it may be clearer to clients.

Instigating roles

Other roles do not deflect or diffuse but rather run towards conflict. Wegscheider-

Cruse's (1981) and Black's (1982) **enabler** is a fitting one to start this section, as he or

she allows problematic behaviour to occur by protecting a family member who is

engaging in destructive behaviour. Other roles are less passive: Rosenthal (2006) related

that the provocateur and instigator engage in behaviours that activate conflict. Similarly,

her **messenger** role seeks to destabilize others. In order to make the roles as easy to grasp

as possible, **instigator** role will make its way into the taxonomy. So will the messenger,

as families encountering this role may attribute different traits to it: for example,

messenger could bring up behavior related to the relaying of information. Irwin and

Malloy (1975) observed a role they called **dominator** in their work with families. Kottler

and Englar-Carlson (2010) observed that the monopolist who seeks control above all else,

is a recurring role in groups, while Rosenthal (2006) labeled this role usurper. Irwin and Malloy's (1975) earlier role will be preserved. Described by Stair (1974) and later by Emunah (1994), the **blamer** is slightly different from the dominator: he or she not only dominates and intimidates when there is conflict but also accuses others of being at fault.

Triangular roles

These instigating roles appear to be connected to Ackerman's (1962, 1968) classic **persecutor** role, who much like Kottler and Englar's (2010) aggressor, punishes and asserts his power. The persecutor, however, merits its own category, since it's part of a classic family therapy transaction. Both Ackerman (1962, 1968) and Karpman (1968) wrote about the persecutor and the roles attached to it. To borrow Landy's (1993, 2008) paradigm once more, it would appear that the counterrole to the persecutor could be a role mentioned by Irwin and Malloy (1975) as **victim** and as **martyr** by London (1989). This role's hopelessness and tendency to view his or herself as helpless is captured in the role of **victim**, which will figure in the present taxonomy. So will **martyr**, since this role denotes a certain agency: the martyr will sacrifice him or herself willingly, while the victim may not have as much control. Another role is important to note when looking at the interaction between persecutor and the victim: that of the **rescuer** described, again, by Ackerman (1961) and later by Karpman (1968). The role of victim is linked to help-rejecting complainer, another classic therapy role. While this role was useful to consider in the literature review, it does not make sense in this taxonomy because of the fact that it is describes a pattern that occurs in therapy as opposed to one that happens in families. The role of rescuer is also related to Schwartz's (1995) **firefighter**, whose responsibility to jump in and protect the exile. This role brings the total number of roles in the

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taxonomy to 46. Landy's (1993) family roles (**mother, father, brother, sister, husband, wife, daughter, son, child, adult, adolescent, elder**) will also be included, bringing the total number of role to 58 (see Appendix C for a list of clusters with the roles that will figure in the taxonomy).

Clinical Implications

Landy (2009) himself has defined the Role Method as a practical application of Role Theory and offered different instruments that he developed through his clinical work and research, as well as a eight-step model for using role in therapy. One of the instruments Landy developed based on his system and taxonomy is the Role Profiles Assessment (Landy & Butler, 2011). Using either a card sort or a pen and paper questionnaire, individual clients can locate, work through and hopefully expand and balance their role repertoires. Clients are asked to classify each of the roles in Landy's taxonomy in one of four categories. The original (2000) version of the assessment made four categories or groups available to clients: *Who I am, Who I am not, I'm not sure if this is who I am, Who I want to be*. Landy revised the instrument and since 2009 the following categories have been in use: *Who I am, Who I want to be, Who is standing in my way* and *Who can help me*.

Underlying Landy's most recent (2009) groups of *Who I am, Who I want to be, Who is blocking me, Who can help me*, is not only the role-counterrole-guide structure but also the Hero's journey with its destination, obstacle and adjuvant (Landy, 2008). This narrative structure is omnipresent in Landy's (1993, 2008) model, which as outlined previously focuses not only on role but also on story. Landy (2008) argued that the balanced individual is not only characterized by flexibility and balance in his or her role

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systems but is also a well-adjusted storyteller: "one who is able to transform experiences into stories, to tell the stories to appropriate listeners, and to change the stories according to changing circumstances from within and from the outside world" (p. 110). As we have seen, narrative is also a powerful way that families shape their histories, adapt to events and make meaning (White & Epstein, 1990).

Indeed, just as the Role Profiles assessment helps drama therapists get a picture of an individual's role system, creating a map of roles that can then be looked at individually, explored and worked through, an adapted version of this instrument would allow clinicians to assess the way that familial roles are distributed and played out in a family. Such an instrument could be administered to an entire family at a time and would require only paper and pencils. The questionnaire itself, like Landy's 2005 original, would be comprised of a list of roles that the subjects place in categories. The issue of categories is imperative to consider here: just as working with families using the role method necessitated different roles, so too must Landy's groups be re-examined.

Indeed, the new taxonomy outlined in the previous section is just a starting point for a future intervention bridging role theory and family therapy. Transposing Landy's (1993, 2008) system to an interpersonal, as opposed to an intra-psychic context necessitates more than creating a new taxonomy of roles but also returning to the key concepts in his model in a deeper way. As we have discovered, central to Landy's (2008) model is the concept of the role and counterrole. The counterrole is not the opposite of the role, but rather the figure that exists "on the other side of a role" (p. 104). These "dynamic dyads" are in constant flux and make up an individual's role system, as all roles organically look for their counterroles. Landy (1993, 2008) argued that integrated

individuals were able to tolerate the contradictions of their roles and counterroles, while less integrated individuals might reject or discount their counterroles in order to avoid feeling the ambivalence that the dynamic between their roles produces. Landy's (1993, 2008) Role Method aims first and foremost to bring an individual's many roles to light: drama therapy allows clients to check in with their internal cast of characters. The other major goal of the drama therapist is to help clients work through their role systems, specifically addressing the distress that comes from role ambivalence. Landy (1993) defines this ambivalence, a concept that is at the centre of his model, as "the clash of feelings engendered in the taking on and playing out of conflicting roles" (p. 12). From Landy's (1993, 2008) perspective, then, role ambivalence is the major source of distress or conflict in an individual's role system and is one of the factors that is assessed by the Role Profiles instrument. So, what should an assessment of family roles focus on?

In a family role system, we have seen that conflict can stem from several sources. Early theorists (Ackerman, 1962, 1968; Tharp, 1963; Jackson, 1965; Stierlin, 1980) attributed conflict to the breakdown of role reciprocity: it was believed that healthy families were organized around reciprocal roles, with members having complimentary emotional tasks and responsibilities. At the same time, several early family therapy models (Ackerman, 1968; Karpman, 1968) focused on problematic transactions between reciprocal roles, for example the dynamic between the victim and the rescuer or the scapegoat and the persecutor. Moreover, most of these early models (Ackerman, 1962, 1968; Tharp, 1963; Jackson, 1965; Stierlin, 1980) emphasized the need for well-defined family roles: unclear roles were thought to lead to conflict and family problems. Foundational models elaborated by Minuchin (1974) and Bowen (1978) focused on

problems with emotional boundaries: dysfunction was seen as stemming either from an overabundance or underabundance of certain types of roles, namely nurturing ones. Another source of conflict was problematic alliances between family members such as triangles. Often, too, role problems in families were linked to problems in a family's hierarchy: indeed, much of the literature on roles dealt with the issues arising from children taking on parental roles and responsibilities (Wegscheider-Cruse, 1981; Black, 1982; Goldklank, 1986; London, 1989; Byng-Hall, 2008; Vernig, 2011; Kosner et al., 2013). In families where there is an impaired hierarchy, whether it is due to psychopathology such as substance abuse and mental illness, developmental stressors such as acculturation or divorce, or structural issues, children get enroled in executive roles such a breadwinner, caretaker, and manager. As Black (1982) pointed out, these roles aren't maladaptive in and of themselves. In fact, taking on a role in order to handle family stressors is a very adaptive mechanism: problems arise when children get lodged into such role structures and internalize these parental roles as the only way to be.

Clinicians could easily assess role complementarity and hierarchy through a card sort or checklist using the family roles taxonomy outlined in this study. Such an instrument would allow clinicians to create a veritable map of a family's role system: which members see themselves in which roles? How are the roles distributed? Which family members are playing expressive, instrumental, parental roles? An adapted version of the Role Profiles would also help therapists locate triangles in a family: in the same way that drama therapists look at a client's roles, counterroles and guide roles through categories such as *who is blocking me* and *who is helping me*, these categories could provide family therapists with precious information about family alliances and

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subgroups. Moreover, an instrument using these roles would open a conversation about roles between family members: how do they view each others' roles? What would happen if role were reversed? Again, it is imperative to note that a family roles assessment based on Landy's Role Profiles would first and foremost aim to explore these roles in a playful manner and place them in a distanced context. Landy's (2008) postmodern, non-pathologizing stance bears repeating here: used within this context, none of the family roles are bad or good, healthy or dysfunctional. Landy (2008) wrote: "there are no false selves masking real and authentic ones. All roles are real and playable, and all roles are essentially amoral, given moral weight as they are played out in relationship to others" (p. 103). Moreover, being able to play a large variety of roles is seen as a sign of unity in Landy's (1993, 2008) framework.

Role flexibility is also cited as a protective factor in family therapy literature: just as Landy (1993, 2008) highlights the importance of an adaptable role repertoire, so do several family therapy theorists (Goldklank, 1986; Olson, 2000; Miller et al., 2000). Goldklank (1986) pointed out that families must continue to enrich their role repertoire as they develop and encounter different milestones. Olson's (2000) integrative framework focused on flexibility (including being able to change roles) as one of three dimensions of family functioning: he maintained that families who were balanced -- neither too flexible in their roles, nor too rigid -- were the healthiest. This idea of balance came up over and over in the literature (Mangus, 1957; Tharp, 1963; Minuchin, 1974; Minuchin & Fischman, 1981; Goldklank, 1986; Olson, 2000) and is important to consider as it is at the heart of Landy's (1993, 2008) model. This quest for balance and flexibility in family roles was as present in the early models that claimed mutuality and reciprocity were

predictors of healthy families as it was in later models (Wegscheider-Cruse, 1981; Black, 1982; Olson, 2000) who warned against family members getting stuck in rigid roles. The idea of balance changed over time in the literature: early models emphasized a less flexible distribution of roles while later frameworks focused on a family's ability to adapt and change. In postmodern family therapy, even though the idea of roles is all but absent, theoretical frameworks such as social constructionism and narrative therapy stress the notion of multiplicity.

Given the importance of flexibility and balance in family therapy literature on roles, transposing Landy's (1993, 2008) framework to family therapy makes a lot of sense. Just as clinicians using Landy's (1993, 2008) framework are encouraged to focus on balance during their assessment of an individual client, so too is this element at the heart of treatment. One of the key ways that clinicians using the Role Method support clients in finding balance in their role systems is to focus on locating and developing guide roles: these roles (internal or external) that can help bridge difficult role-counterrole pairs (Landy, 1993, 2008). As an integrative figure that holds together the role and counterrole, the guide role is a crucial element in Landy's (1993, 2008) system. Landy (2008) has suggested that within the therapeutic relationship, the therapist may play the part of the guide, as many clients do not have such a figure available to them internally at the start of treatment. Similarly, several models posited that the role of the family therapist should be to temporarily play certain roles within the family system. Rait (2000) suggested that there exists a continuum describing the role that the therapist should take when working with families. Although the Bowenian (1978) stance called for the therapist to do his or her best to remain outside family entanglements and triangles,

Satir (1974) encouraged clinicians to be warm and close to the families they treated (Rait, 2000). Moreover, structural family therapists like Minuchin (1974) argued that clinicians should function as temporary family members, joining and disjoining the family in order to help them meet their needs (Rait, 2000). Within a dramatherapeutic context using the role method, therapists working with families could temporarily play the role of guide within the family system: helping family members resolve conflict between them, reframe problem-saturated stories and externalise difficult roles. Such an intervention would also likely place the therapist in a more collaborative role. While early family therapy models required the therapist to challenge dysfunctional roles in order to eliminate them from the family system, an approach based on Landy's (1992, 2008) model would view the family system as being made up of multiple roles, none of which would be pathological in and of themselves. Rather than eradicating problematic roles, therapists using an approach based on the Role Method would seek to help families integrate, find balance, and expand their role repertoires. In this sense, a Family Role Method does not only have the potential to be a rich systemic drama therapy intervention, it also promises to make valuable links within systems theory itself. Indeed, such an intervention would allow theorists and clinicians to consider modern family roles in a postmodern way. A systemic application of the Role Method would serve as a bridge between the foundational systemic models of the sixties and seventies and the collaborative social constructionist approaches to family therapy of today, merging old and new.

Family Roles Checklist (FRC)

Based on the above, it would seem that Landy's (2009) most recent categories for the Role Checklist are appropriate for use with families. Still, his earlier groups, which included categories such as *Who I am not* and *I'm not sure if this is who I am*, offer much potential as well, given that not all families will be comprised of every single role in the taxonomy. For this reason, I decided to add a fifth category to this proposed adaptation of Landy's Role Checklist: *Who I am not*. categories: *Who I am, who I am not, Who I want to be, Who is blocking me*, and *Who can help me*.

As a starting point for future research and clinical testing in the fields of drama and family therapy, the FRC would allow families of three or more to explore their role systems. Since it requires a certain level of cognitive and verbal ability, I would not recommend administering the checklist to families with children under twelve. Based on Landy's Role Checklist, the FRC could be administered to an entire family at a time and requires only paper and pencils. It could also be administered to individuals about their family system: in fact, it would be interesting to compare and contrast the experiences of administering such a questionnaire to an individual as opposed to the same individual in the presence of his or her family. The questionnaire itself would be a list of family roles (based on the taxonomy outlined above) that the subject(s) would be asked to place in one of the five categories outlined above. Appendix D and E are example of Family Role Checklist as well as instructions to subjects based on Landy's original Roles Checklist (Landy & Butler, 2011). This template is meant to be a starting point for future research and clinical work based on the taxonomy presented in this study. Future research using this instrument would require the production of a more complete protocol and

instructions to clinicians, including guidelines on how to structure an interactive discussion about roles with family members and suggestions for interventions based on the roles.

Limitations and Recommendations for Future Research

This study has some inherent limitations that need to be outlined here. First and foremost, it is important to distinguish between the limitations of this study in general and those of the instruments proposed, namely the taxonomy of family roles and, briefly, the Family roles checklist. In a general sense, this researcher's own bias needs to be cited as a limitation in this study and the ensuing development of the taxonomy of family roles As I am the only one who reviewed the literature and considered the roles extracted, this study is limited by my personal biases and education. I must first acknowledge my limited knowledge of systemic therapy, since this may have had an impact on this research. Although I had worked with families as part of my clinical training and done some basic reading on my own, I am not as well-versed in systemic theory than I am in my own field of drama therapy. As a theatre artist drama therapist-to-be, my steadfast faith in the concept of role - its contribution to individual development and potential for psychological growth and treatment - also needs to be highlighted here. Not only do my training and education come into play, but so does my own family history. Indeed, it would impossible to measure how my own family roles influenced my analysis of the literature: not which roles stood out and which ones went unnoticed, but how I understood these roles and made sense of the research.

As for the proposed checklist, it has some clear limitations that will need to be addressed should further research be conducted. Many of these limitations, including the

fact that it relies on self-report, are similar to those inherent in Landy's instrument (Landy & Butler, 2011). Others are linked to the roles themselves. Indeed, a major limitation stems from this study's methodology, specifically the choice of data for the development of this taxonomy. Because the roles were extracted from literature intended for clinicians, it is possible that families encountering these roles will find them confusing or strange. Although I have taken steps to adapt the names of the roles so that they may be easily understood, it is likely that confusion will arise when an instrument based on this taxonomy is tested clinically. Clinicians using Landy's taxonomy are encouraged to urge clients to consider the roles as they understand them and not to worry about what they mean (Landy & Butler, 2011); a similar note in the protocol for an assessment using this taxonomy is therefore warranted. Moreover, I must acknowledge the cultural limitations inherent in this study and resulting taxonomy of family roles. The roles in the present report were extracted from a body of literature written from a predominantly male, white, Western perspective. Just as Landy's (1993) taxonomy, based on Western dramatic literature, was criticized for its lack of cross-cultural relevance (Mayor, 2012), this study is also limited. On top of the fact that the roles in this study come from clinical literature in a very narrow field, many of them come from a period in family therapy that, as we have seen, was characterized by very rigid and out-dated ideas about gender. Although addressing the key concepts of race and culture in relation to these family roles was beyond the scope of this paper, I must acknowledge this as a major limitation that will hopefully be addressed with further research.

Finally, another limitation stems from the different philosophical standpoints from which this taxonomy has been developed. As I have pointed out earlier, many of the roles

that make up the taxonomy were extracted from a period in family therapy where most clinicians cast themselves in the role of expert: their task was to locate pathology and uncover the objective truth about a family's interactional patterns. This stance is quite different from the frameworks that have guided me on my journey towards becoming a drama therapist in general, and certainly not in line with the postmodern philosophy on which Landy's (1993, 2008) model is founded. Many of the classic family roles that emerged from the literature and have found their way into the present taxonomy, come from a pathologizing tradition. For example, a role such as caretaker is regarded as somewhat dysfunctional in much of the literature reviewed as it describes a pattern of a child playing an adult role in order to make up for a problem in the family hierarchy. It is my hope that as part of an assessment based on Landy's (2005) Role Checklist, this role (and others) will be liberated from this pathologizing framework and considered as just another role: real, playable, and neither good not bad (Landy, 1993).

All of these limitations could be addressed through future research and testing of the taxonomy. First of all, presenting this list of roles to families from a variety of backgrounds will certainly allow for the roles to change, shift, and be renamed. Moreover, there is great potential in exploring other sources to find family roles. In the first place, it would be a valuable exercise to compare the present taxonomy with Landy's original: which one of his roles could be considered family roles? What of his outcast, sinner, angry person, calm person, healthy person and sick person? Might they not belong on this list? Landy's (1993) methodology also allowed him to include supernatural roles in his taxonomy: roles such as vampire and zombie may play an important part in giving clients some distance as they explore their role systems. The absence of playful roles in

the present taxonomy due to the methodology of this study should be noted as a limitation.

Furthermore, just as Landy (1993) put together his taxonomy after exploring the Western dramatic canon, theatrical texts also hold much promise for family roles. I wonder what family roles might be present in the works of classic playwrights like Tennessee Williams, Arthur Miller and Edward Albee, but also more contemporary authors such as Tony Kushner, Sam Shepard, Judith Thompson, and countless others who have delved into the fertile ground that is the family. Family roles hold much dramatic potential in and of themselves. I wonder what a review of dramatic literature would reveal about the roles presented in this study: which roles would be confirmed? Which new roles would emerge? What would the taxonomy look like if each role type was associated to *dramatis personae* in the way that Landy (1993) presented his? How would such a development change the way that practitioners and clients regard these roles? For me, as I have noted, the theatre was a gateway to studying the human psyche and interactions: it would make sense to bridge these two worlds. I look forward to possibility of future arts-based research on these roles, not only to add to the taxonomy presented in this study but also to explore these roles in an embodied and creative way. I believe that these family roles should be explored not only in a clinical setting but also theatrically through performance.

Clinically, too, this list of family roles and invitation to work with families using the Role Method, is rife with possibilities, not only for assessment but also for treatment. The taxonomy presented in the present report is a starting point from which to develop interventions all along the distance continuum: from role-play to projective techniques

using masks, puppets, or small worlds objects, exploring these roles in what Pendzik (2011) has termed 'dramatic reality' could offer families a chance to consider themselves in a wholly different way. As Landy (2003) has explained, performance is inherently distancing:

> The distance provided by the taking on of a role allows actors in everyday life to tell their stories safely, as the stories are not about them. To be more precise, the stories are simultaneously about and not about them. Healing through drama occurs in the transitional space between me (the actor) and not me (the role). (p. 18)

In this transitional space, performing their family roles may help family members gain new perspective and awareness of themselves as well as build empathy and understanding through role reversal with family members. As drama therapists, we are trained to move in and out of this space -this dramatic reality - with our clients; as such we aim to support them in exploring their inner material in both a cognitive and emotional way. From a postmodern perspective, the taking on, playing out and working through of numerous family roles through drama therapy has the potential to support family members in realizing that they are not one role or a single story and start to embrace their complexity and multiplicity.

Chapter 4: CONCLUSION

Concluding this study and considering my biases, I am brought back to my own family system and more specifically to the memory of exploring an earlier version of this taxonomy of family roles with them. That version, developed during a course on assessment in drama therapy, was not nearly as complete as the one presented in this study. Still, many of the key roles were there, as were some of the major ideas offered in the present paper: the inherent duality between the modern and the postmodern, the promise of exploring personal roles in a playful manner, and the all-important notions of balance and flexibility. That evening, while I explained the questionnaire to my family, our newest and littlest member sat in her vibrating chair and watched us. Though she did not have many roles of her own (daughter, grand-daughter, niece, mover, sucker, sleeper) this newborn baby had rearranged all of our roles over the past few weeks. From one day to the next, we had been enrolled as mother, grandmother, grandfather, and aunt, and had all struggled to adapt to these new roles in our own ways. It was fitting, then, to be administering a family roles assessment to my family at that very moment: our role system was in flux.

I remember sitting back and trying to be an observer as my family filled in their questionnaires. Playing my therapist role, I watched as they checked and unchecked boxes, asked questions, already revealing their roles through their behaviour and interactions. Very quickly, the mediator and the nurturer surfaced, as did the attention-getter, the monopolist, and the judge: all of these roles were clear before I ever collected their questionnaires. This is part of the assessment, I realized: the roles that emerged as

they were working on their questionnaires, engaging with the material and with each other. More than just getting a picture of family process, I got a felt sense of what my family was like: there was a playfulness in the room and a willingness to talk about and explore dynamics. There were many role reversals that night, and family members wanted to contribute their own roles to the exercise. This family, I noted with pride, had a large and flexible role repertoire.

That evening and throughout the writing of this paper, I have had a chance to reflect on my own roles within my family system. Daughter, sister and aunt, but also: attention-getter, emotional container, mediator, linker, nurturer, counselor, clown, pursuer, instigator, firefighter, and communicator. Each one of these roles exists in relation to the other roles in my family: so, my counselor role may adhere to someone's victim role, and my clown may only exist in relation to the mascot. Each of these roles can function as family guide as well, depending on the situation: not just the mediator and the nurturer, but also the attention-getter who diffuses tension and the instigator who names the things that need to be named. These roles do not define me in and of themselves, but my capacity to negotiate between them, to take them on and play them out, is imperative. If Rosenthal (2006) is correct in pointing out that the family "has no shortage of roles to dispense," (p. 186) then I believe that drama therapy holds incredible promise for families seeking not only to uncover these roles, but to explore them, expand them, and practice modulating between them. In the family system, just like in the individual psyche, the ability to play a variety of roles is a sign of wholeness, not one of fragmentation. It is this capacity that we strive to support in our clients and to develop in ourselves, not only as therapists, but also as friends, daughters, sisters and aunts.

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Appendix A : Original Taxonomy of Roles

(R. Landy, 2009)

Child	Helper	Sister
Adolescent	Fearful Person	Brother
Adult	Survivor	Orphan
Elder	Zombie	Outcast
Beauty	Vampire	Friend
Beast	Pessimist	Perfectionist
Average Person	Optimist	Witness
Special Person	Angry Person	Poor Person
Sick Person	Calm Person	Rich Person
Healthy Person	Rebel	Warrior
Healer	Lover	Slave
Ignorant Person	Egotist	Free Person
Wise Person	Mother	Killer
Clown	Father	Suicide
Critic	Wife	Hero
Innocent	Husband	Visionary
Villain	Daughter	Sinner
Victim	Son	Saint
Believer	Artist	
Doubter	Dreamer	

Appendix B: Roles Extracted

ROLE	SOURCE	Year
Acting-Out Child	Black	1982
Adjuster	Black	1982
Aggressor	Kottler & Englar Carlson	2010
Attention-Getter	Emunah	1994
Avoider	Emunah	1994
Binding	Stierlin	1974
Blamer	Satir	1974
Blamer	Emunah	1994
Boss	Goldklank	1986
Breadwinner	Kosner et al.	2014
Caretaker	Ackerman	1962
Caretaker	Rosenthal	2006
Clown	Goldklank	1986
Compromiser	Kottler & Englar Carlson	2010
Computer	Satir	1974
Congruent Communicator	Satir	1974
Counselor	Kosner et al.	2014
Cultural Broker	Kosner et al.	2014
Delegating	Stierlin	1974
Deserter	Rosenthal	2006

Disciplinarian	Irwin & Malloy	1975
Distancer	Fogarty	1976
Distracter	Satir	1974
Dominator	Irwin & Malloy	1975
Emotional Supporter	Kosner et al.	2014
Enabler	Wegscheider-Cruse	1981
Enabler	Black	1982
Energizer	Kottler & Englar Carlson	2010
Exile	Schwartz	1995
Expelling	Stierlin	1974
Facilitator	Kottler & Englar Carlson	2010
Family Doctor	Ackerman	1962
Family Navigator	Kosner et al.	2014
Firefighter	Schwartz	1995
Gatekeeper	Kottler & Englar Carlson	2010
Golden Child	Goldklank	1986
Golden Child	Potter & Williams	1991
Healer	Ackerman	1962
Healer	Goldklank	1986
Help-Rejecting Complainer	Rosenthal	2006
Hero	Wegscheider-Cruse	1981
Holy Cow	Kottler & Englar Carlson	2010
Instigator	Rosenthal	2006

Intruder	Napier	1978
Jester	Rosenthal	2006
Judge	Goldklank	1986
Judge	Rosenthal	2006
Language Broker	Kosner et al.	2014
Lightning Rod	Kottler & Englar Carlson	2010
Linker	Goldklank	1986
Lost Child	Wegscheider-Cruse	1981
Manager	Schwartz	1995
Martyr	London	1989
Mascot	Wegscheider-Cruse	1981
Mascot	Rosenthal	2006
Mediator	Goldklank	1986
Mediator	Emunah	1994
Mediator	London	1989
Messenger	Rosenthal	2006
Monopolist	Kottler & Englar Carlson	2010
Nurturer	Minuchin	1974
Organizer	Irwin & Malloy	1975
Overachiever	London	1989
Pacifier	Irwin & Malloy	1975
Parental Child	Minuchin	1974
Persecutor	Ackerman	1962

Persecutor	Karpman	1968
Placater	Satir	1974
Placater	Black	1982
Pollyanna	Rosenthal	2006
Provocateur	Rosenthal	2006
Pursuer	Fogarty	1976
Rebel	Goldklank	1986
Rebel	Rosenthal	2006
Rejecter	Napier	1978
Rescuer	Ackerman	1962
Rescuer	Karpman	1968
Responsible Child	Black	1982
Scapegoat	Ackerman	1962
Scapegoat	Irwin & Malloy	1975
Scapegoat	Goldklank	1986
Scapegoat	Wegscheider-Cruse	1989
Self-Caretaker	Kosner et al.	2014
Switchboard	Minuchin	1974
Usurper	Rosenthal	2006
Victim	Karpman	1968
Victim	Irwin & Malloy	1975

Appendix C: Taxonomy Of Family Roles

Primary Family Roles

Child

Adult

Adolescent

Elder

Secondary Family Roles

Mother

Father

Brother

Sister

Husband

Wife

Daughter

Son

Tertiary Family Roles

Outsider Roles

Scapegoat

Problem Child

Exile

Rebel

Deserter

Roles not included: Acting-Out Child

Parentified Roles

Hero

Responsible Child

Golden Child

Self-Caretaker

Breadwinner

Family Navigator

Cultural Broker

Roles not included: Overachiever, Language Broker, Parental Child

Mediator Roles

Mediator

Linker

Compromiser

Communicator

Roles not included: Switchboard, Facilitator, Gatekeeper, Energizer

Emotional Roles

Emotional Container

Attention-Getter

Pursuer

Distancer

Roles not included**:** Mascot, Placater, Lightning Rod, Binding, Delegating, Expelling

Caretaking Roles

Nurturer

Caretaker

Healer

Counselor

Roles not included: Emotional Supporter

Executive Roles

Judge

Disciplinarian

Manager

Boss

O**rganizer**

Deflecting Roles

Pacifier

Placater

Lost Child

Clown

Mascot

Holy Cow

Detached Person

Distracter

Roles not included: Pollyanna, Adjuster, Jester

Instigating Roles

Enabler

Instigator

Messenger

Dominator

Blamer

Roles not included: Provocateur, Monopolist, Usurper, Aggressor

Triangular Roles

Persecutor

Victim

Martyr

Rescuer

Firefighter

Roles not included: Help-Rejecting Complainer

Appendix D: Family Roles Checklist

Adapted from R. Landy (2009) by E. Perez (2015)

ROLE	Who I Am	Who I am not	Who is standing in my way	Who can help me	Who I want to be
Mother					
Father					
Brother					
Sister					
Husband					
Wife					
Daughter					
Son					
Child					
Adult					
Adolescent					
Elder					
Scapegoat					
Problem Child					
Exile					
Rebel					
Deserter					
Hero					

Responsible Child				
Golden Child				
Self-Caretaker				
Breadwinner				
Family Navigator				
Cultural Broker				
Mediator				
Linker				
Compromiser				
Communicator				
Emotional Container				
Attention-Getter				
Pursuer				
Distancer				
Nurturer				
Caretaker				
Healer				
Counselor				
Judge				
Disciplinarian				
Boss				
Organizer				

Pacifier					
Placater					
Lost Child					
Clown					
Mascot					
Holy Cow					
Detached Person					
Distracter					
Enabler					
Instigator					
Messenger					
Dominator					
Blamer					
Persecutor					
Victim					
Martyr					
Rescuer					
Firefighter					

Appendix E: Instructions to clients

Adapted from R. Landy (2009) by E. Perez (2015)

This experience is intended to explore your family system and the roles that you play. You have in front of you a checklist. In the left-hand column are roles that family members commonly play. The other columns are categories labeled: Who I am, Who I am not, Who I want to be, Who I have to be, Who is standing in my way, Who can help me. Please consider each of these roles and place a checkmark in the category that best describes how you feel about that role of yours in your family right now. If you are not sure what a role means, please consider it as you comprehend it today: there are no wrong ways to understand these roles. Please only make one checkmark for each role. Do you have any questions? Please begin.