LE
2922
.A3x
T-419

THE RELATIONSHIP OF PROFESSIONAL HELPERS' BIRTH ORDER AND ROLE PLAYED IN THE FAMILY OF ORIGIN

JEANETTE PRATT

THE RELATIONSHIP OF PROFESSIONAL HELPERS' BIRTH ORDER AND ROLE PLAYED IN THE FAMILY OF ORIGIN

An Abstract

Presented to the

Graduate and Research Council of

Austin Peay State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

---

by

Jeanette Pratt

May 1992

ABSTRACT

This study was conducted to examine the relationship of professional helpers' birth order and role played in the family of origin. The sample was comprised of 151 members of the Tennessee Division of the American Association for Marriage and Family Therapy, who provided demographic data and completed a questionnaire. Results indicated that a significant number of firstborn respondents identified more strongly with the role of Hero than the roles of Scapegoat, Lost Child, or Mascot.

THE RELATIONSHIP OF PROFESSIONAL HELPERS' BIRTH ORDER AND ROLE PLAYED IN THE FAMILY OF ORIGIN

A Thesis

Presented to the

Graduate and Research Council of

Austin Peay State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

---

by

Jeanette Pratt

May 1992

To the Graduate and Research Council:

I am submitting herewith a Thesis written by Jeanette Pratt entitled "The Relationship of Professional Helpers' Birth Order and Role Played in the Family of Origin." I have examined the final copy of this paper for form and content, and I recommend that it be accepted in partial fulfillment of the requirements for the Degree Master of Science with a major in Guidance and Counseling.

Major Professor

We have read this thesis and recommend its acceptance.

Second Committee Member

Third Committee Member

Accepted for the Graduate and Research Council:

Dean of the Graduate School

ACKNOWLEDGMENTS

The author sincerely thanks Dr. Stuart Bonnington and Dr. Samuel Fung for their guidance and encouragement in this research. Appreciation is also extended to Dr. Garland Blair for his technical expertise.

The author would like to thank her family and friends for their love, prayers, encouragement, and humor. Finally, many thanks go to Peter Dulley for his love, technical expertise and patience.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1

Introduction

Most people in the helping professions have probably wondered at one time or another what motivated them to become helpers or "healers". While a fair amount of research has been conducted regarding patients in therapy, it is at least as interesting and perhaps more noteworthy to consider what motivates people to enter the helping professions. Little research has been conducted regarding why individuals become professional helpers and even less attention has been given to the role played by helpers in their families of origin.

Satir's conceptualization of family roles has relevance for this discussion. Satir (1972) identified the roles of Placater, Blamer, Computer, and Distracter. Satir described the Placater as a people pleaser who is highly sensitive to and perceptive of the feelings of others and proposed that professional helpers may be Placaters and tend to be good negotiators. The Blamer was characterized as a fault-finder who behaves in a superior manner. The Computer was described as ultra-reasonable and devoid of feeling. Distracters were characterized as unable to address the issue at hand, responding with irrelevant comments or actions instead. Satir did not reserve her roles for "dysfunctional families", speculating that most

people behave in a manner congruent with one of these roles. While most individuals do not neatly fall into these categories, Satir felt that individuals tend to take on the characteristics of a specific role in times of family stress.

Wegscheider (1981), while applying Satir's theory to alcoholic families, identified the roles Hero, Scapegoat, Lost Child, and Mascot. The Hero was described as successful inside and outside the family. The Hero may choose a career in the helping professions, echoing the responsible role played out in the family of origin. The Scapegoat was characterized as the family member most likely to engage in substance abuse and delinquency. The Lost Child was described as unlikely to be a problem for the family and in this respect was considered to be similar to the Mascot. The Mascot, however, plays a more active role by distracting the family in order to diffuse tension. Wegscheider observed that family roles in alcoholic families tend to be more rigid than those in other kinds of dysfunctional families due to pervasive denial.

Black (1981) outlined the roles of the Responsible One, the Adjuster, the Placater, and the Acting-Out Child. According to Black, the Responsible One is usually the firstborn and often only child who takes care of others in the family, possibly including the parents. The Adjuster was described as one who detaches in order to cope with a

chaotic family; the Adjuster has difficulty making decisions and may lack a sense of direction or power. The behavior of the Acting-Out Child typifies the disrupted state of the family.

According to folklore, counselors often cite themselves as the overresponsible members in their family (Goldklank, 1986). Goldklank examined folklore among family therapists from a Structural systems perspective and found that the family therapists surveyed described generational boundaries in their families of origin as blurred. Goldklank points out that blurred generational boundaries may indicate dysfunctionality. Racusin et al. (1981) analyzed psychotherapists' recollections of family-of-origin experiences from a psychodynamic perspective and found that seven of the 14 therapists they surveyed identified their family role as Parent. An additional three therapists identified their role as Counselor or Mediator. Approximately 75% of therapists surveyed identified their role as either parent or counselor. These researchers notwithstanding, little research has been conducted regarding therapist family roles.

Lackie (1983) noted that the literature in the helping professions tends to focus more on issues related to patients' families of origin than on issues related to helpers' families of origin. Henry, Sims, and Spray (1973)

found that psychotherapists' childhood relationships with their families were stressful. They concluded that these relationships, together with therapists' high level of intellectual development, influenced the choice of a career in mental health. Frank and Paris (1987) concluded that their results lent support to their hypothesis that psychiatrists choose their profession in an attempt to heal themselves, rather than their families. They inferred woundedness from the psychiatrists' expressed disappointment in their parents when compared to nonpsychiatrists. They did not find support for their hypothesis that psychiatrists choose their profession in order to vicariously heal their families.

The present study sought to examine professional helpers' family-of-origin roles and the folklore that professional helpers tend to be firstborns. It was hypothesized that a disproportionate number of helpers would be firstborns who would also be more likely to have played the family role of Hero than the roles of Scapegoat, Lost Child, or Mascot.

Several concepts should be clarified. For the purpose of this study, "family of origin" is defined as the family with which the majority of one's formative years were spent. "Woundedness" refers to vulnerability arising from unmet childhood needs. Psychological impairment should not necessarily be inferred from vulnerability. The term

"wounded healers" refers to therapists who attempt to vicariously heal their own wounds by becoming professional "healers" (Goldklank, 1986). The term "dysfunctional family" refers to families in which roles are rigid and family rules, or styles of communicating, render the family incapable of coping effectively with family life stages requiring change.

CHAPTER 2

Review of Related Literature

May (1985) used the term wounded healer to describe professional helpers who have successfully dealt with their own personal experiences. According to this paradigm, an underlying motivation for those entering the helping professions is an attempt to resolve their own emotional issues by helping others (May, 1985). Healers have historically been vested with a certain amount of power or social status in their communities. According to Bugental, "the psychotherapist's ancestors are the medicine man, the wizard, the priest, the family doctor" (1964, p. 272). Shamans, for example, were endowed with special status in their tribes. Only an individual with special characteristics was permitted to be a shaman. These special characteristics tended to relate to the types of ailments the shaman was expected to cure. Specifically, shamans tended to be persons who had a history of early emotional problems. Harner (1980) and Meyerhoff (1976) noted that the shaman is not only the healer but a priest as well, who has access to heaven and hell. Shamans are truly wounded healers in that they transcend and incorporate the wounds of their people.

According to popular psychology folklore, "present-day shamans, or mental health professionals, have histories of early emotional problems, sexual problems, tend to be somewhat hysteric, and are portrayed as having close but conflictual relationships with their families" (Henry, 1966). Henry noted that early signs of emotional trauma are, in fact, prerequisites for healers since empathy is a necessity in the helping professions.

Miller and Baldwin (1987) proposed that therapeutic relationships incorporate the vulnerability as well as the curative powers of both the patient and the healer. Vulnerability and curative powers represent the polarities encompassed by the wounded-healer paradigm, which dates back to ancient Greek mythology. According to the myth of Asclepius and Chiron, Asclepius becomes the Greek God of healing when he is trained in medicine and raised by Chiron, who himself suffers from an incurable wound (Graves, 1955). The wounded-healer paradigm is again reflected in the medieval myth of Parsifal (Miller & Baldwin, 1987). In this myth, the Fisher King is unable to cure himself of an incurable wound despite possession of the Holy Grail, which grants all wishes to all persons. He must instead wait for the Holy Grail to be liberated by Parsifal (Johnson, 1977). Maeder (1989) noted that Saint Augustine and other saints were noted for utilizing their

own battles with personal weaknesses to assist them in gaining compassion and strength.

Jung (1946) doubted that healers choose their profession by chance. Guggenbuhl-Craig (1971) believed that each time a person becomes ill a healer-patient archetype is activated and suggested a positive relationship between therapists' clinical successes and vulnerability to emotional distress and disability. The wounded healer archetype may account for the large percentage of substance abuse counselors who are themselves recovering addicts (Miller & Baldwin, 1987). Adler (1956) suggested that healers' wounds permit their healing power to be activated and implied that an absence of woundedness may preclude one's ability to heal.

Groesbeck (1975) detailed this phenomenon and hypothesized that real healing occurred only if healers were in touch with their own wounds and patients were able to activate their own internal healers. Healers who are aware of their own vulnerability are less likely to project their own wounds onto patients. Such projections preclude a genuine cure by enabling the healer to manipulate the patient to accommodate the healer's emotional need. Titelman (1987) posits that family therapists who have resolved family of origin issues will be more objective and less reactive in their clinical work in much the same way that individual therapists benefit from personal

psychotherapy. Titelman further posits that individuals' family of origin experiences may influence their decision to become family therapists.

Allen (1989) points out that a helping profession may provide some therapists with an altruistic outlet as well as enabling them to resolve early injuries to the self. Therapists may deny personal motives due to a "self-sacrificing ego ideal, formed in the family" (p.2) and the conflicting focus of training, which emphasizes an altruistic stance. Traditional, psychoanalytic psychotherapy has tended to prescribe for healers a role which excludes the therapist's extraneous personal needs and responses and utilizes only those that are unavoidable and of benefit to the client. The nature of the therapeutic encounter, however, requires the therapist to sublimate personal needs which are continually activated by involvement with needy clients (Farber, 1983). The issue of the effects of such a therapeutic stance on healers has stimulated the interest of researchers studying burnout among professional helpers (Allen, 1989).

Langs (1985) suggested that patients may have a greater awareness of healers' wounds than healers themselves and found through conducting extensive interviews with psychotherapy patients that patients were often utilized to meet professional helpers' needs. Therapists who are unaware of unresolved personal issues

run the risk of projecting these issues onto clients, compromising the efficacy of treatment, and in some cases abusing clients. Both May (1985) and Bowen (1978) noted that professional helpers who have come to terms with their own personal experiences are better prepared to help their clients. Maeder (1989) contends that the professional helper's career can take either of two forks. The first leads to the individual's confrontation and resolution of personal weaknesses, ending in clarification of the individual needs as related to the chosen profession. According to Maeder, the psychotherapist who follows the second fork consciously or unconsciously uses the profession to avoid coping with personal issues; the individual choosing this path uses the authority and power of the professional role to compensate for personal weaknesses.

In a study of 75 psychiatrists, 68 respondents agreed that psychiatrists have special emotional problems that are unique to them and their work as compared to non-psychiatrists (Bermak, 1977). Bermak further queried respondents as to whether these emotional problems originate in the individual's personality or arise from the work itself. Bermak's results are somewhat spurious. Forty-five cited the primary source of emotional difficulties as the psychiatrist's personality although 15 of the 45 also made reference to the nature of the work.

Sixty cited the primary source as the work although 30 of this group also refer to the role of personality. With regard to the nature of the special emotional problems of psychiatrists, most respondents referred to the solitary nature of the work, confidentiality issues, and issues related to countertransference. Only four respondents referred to the inability of psychiatrists to attain intimacy in their relationships outside of work. This finding is inconsistent with the reported 45 respondents who cited personality as the primary source of emotional problems. Bermak cites sample bias as a limitation of the study since all of the subjects were personal acquaintances of the researcher. The lack of a comparison group of non-helping professionals constitutes another limitation.

Freudenberger (1975) noted that professionals with authoritarian styles or tendencies toward excessive idealism and dedication may be at risk for eventual burnout. The latter tendencies may be particularly relevant to firstborns. Research indicates that firstborn children tend to be high achievers and traits such as idealism and dedication certainly seem to be conducive to achievement. Bradley (1982) speculated that firstborns may receive more consistent positive reinforcement for high performance than later-born children since parents may have come to expect high performance, thereby reducing reinforcement for this behavior in subsequent children. He

also pointed out that firstborn children are often given the responsibility of caring for younger siblings and may function, in effect, as surrogate parents to younger siblings. Bradley points out that research has demonstrated a positive relationship between level of training and occupational status and proportion of firstborns. Campbell (1969) collected data drawn from a restandardization of the Strong-Vocational Interest Blank and found a significant representation of firstborns in occupations requiring higher education. Campbell noted that only 22% of encyclopedia salesmen were firstborns as opposed to 94% of astronauts who were firstborns. Campbell found that between 20% and 50% of occupations requiring a college degree were comprised of firstborns. The practice of psychotherapy generally requires an advanced degree.

Deutch (1984) surveyed 264 therapists holding graduate degrees in counseling-related fields with regard to sources of stress originating in client sessions, the professional role, and irrational beliefs held by therapists. Deutch reported that 61% of respondents experienced clients' suicidal statements as the greatest source of work-related stress while 59% rated inability to help a client in acute distress as moderately stressful. Deutch stated that the vast majority of reported irrational beliefs were related to therapists' exceptionally high expectations of helping clients and perfectionism in themselves. Other therapist

attitudes found to contribute to perceived stress included assumption of responsibility for client behaviors and a general tendency to place client needs before one's own. Deutch acknowledged that the subjects' responses may have been compromised by their attitudes about the prescribed role of therapist. Deutch, however, justified the validity of utilizing a self-report measure in view of the subjective nature of stress as a topic of study. "Often from an early age, these people have set up significant and highly demanding goals for themselves . . . Their major emphasis is on (accomplishing), sometimes at significant cost to themselves" (Freudenberger, 1986, p.186). In discussing the treatment of impaired professionals, Freudenberger emphasized the need to focus on the individual's motivations for the occupational choice as well as possible overidentification with patients. Helping the professional to be more self-accepting and self-nurturing were also encouraged.

Farber and Heifetz (1982) found that 57.4% of 60 subjects in a study of dysfunctional aspects of therapeutic work identified the strain inherent in maintaining a stance of "detached concern" as a major source of stress and burnout. Lack of therapeutic success was given as the primary source of stress for therapists. The fact that the therapeutic process tends to raise personal issues was cited by only 13% of therapists as a source of stress.

Farber and Heifetz noted that 75% of the respondents felt that their personal lives were affected by professional concerns or responsibilities and 55% coped with occasional feelings of disillusionment by reassessing the success and limitations of psychotherapy. Of those surveyed, 66% aligned themselves with either a "classical analytic" or "psychodynamic" orientation.

In light of these findings, theoretical orientations espousing less rigid role prescriptions for helpers may be desirable in the professional training of helpers. Lackie (1983) suggested that institutions of higher learning find means of helping healers in training become more aware of the role their past has played in career choice and professional functioning. Lackie opts for a balanced position of "good-enough" healer, which permits students to embrace their limitations as inevitable but necessary evils. Lackie stressed the need for professional healers to define the limits of their professional responsibility and authority by undergoing a "manageable disillusionment in their power to control reality, balanced somewhere between omnipotence and helplessness" (p. 320). Lackie contended that good-enough healers will be more likely to perceive their clients as good-enough, with the end result being more effective treatment. Maeder (1989) suggested that professional helpers' regular interaction with peers in symmetrical relationships will prevent the

professional's development of grandiose tendencies by providing a forum for ongoing reality testing.

Farber (1985) discussed possible ramifications of therapists' psychological-mindedness as a cognitive style and suggested that training programs emphasizing psychological over more experiential approaches produce emotionally restricted therapists, both in practice and in their private lives. Farber speculated that students in such training programs may have a tendency to be guarded in discussing training experiences with supervisors due to apprehension that a spontaneous, open approach to clients may be misconstrued as countertransference. Farber pointed out that this intellectual approach can be traced back to Freud and noted that there seems to be a higher proportion of therapists taking an overly psychological approach as opposed to the opposite tendency and expressed concern regarding the increasing focus of psychotherapy on technique. Farber called for training programs to integrate the psychological and experiential aspects of psychological-mindedness.

Goldklank (1986) stated that, according to folklore, counselors usually emerge from dysfunctional families. In this researcher's study of 59 family therapists, 49 siblings of therapists, and 51 assorted non-helping professionals, family therapists most often reported that they played a parentified role and described themselves as

the overresponsible members in their families. In contrast, a parentified, or overresponsible, role was the role least likely to be chosen by siblings of therapists and non-helping professionals in describing their role in their family of origin. When therapists, siblings of therapists, and non-therapists were asked to rate their family's adaptability to change, no significant difference in ratings was found; more than half of each group described their family as resistant to change. While acknowledging the inherent subjectivity of self-report, Goldklank stated that an attempt was made to minimize this effect by comparing therapists' perceptions with those of their siblings. Significantly more therapists and non-helping professionals were firstborns than were siblings of therapists. Goldklank further reported that family therapists were more likely to identify with parent-like roles permitting them to behave like a parent; when therapists behaved like parents, their own parents didn't seem to object. Non-helping professionals more often identified with age-appropriate roles. Burden (1980) mentioned her own tendency to be overresponsible and surmised that overresponsible members learn to diminish their anxiety by assuming responsibility for others in their families. In contrast, Henry et al. (1973) failed to find support for a caretaking role in the family of origin of mental health professionals.

Lackie (1983), however, contended that social workers' families of origin are no more dysfunctional than most families in the general population and that "induction into a caretaking role occurs in the family of origin through personally significant life experiences in taking on the care of others and taking care from others" (p. 309). Lackie (1982) found that of 1,577 social workers, over two-thirds described themselves as having played roles such as the parentified child, the overresponsible member, the mediator, the "good child", or the burden bearer in their family of origin. More important than whether or not one's family actually was dysfunctional may be the issue of whether the helper perceived the family of origin as dysfunctional.

Wilcoxon et al. (1989) investigated the relationship between family-of-origin experiences and counseling effectiveness of counselors in training. They surveyed 50 volunteer students enrolled in an introductory graduate course in counseling, selecting only those with no prior counseling experience or course work in order to minimize the effects of experience. Results indicated a significant negative correlation between novice counselors' perceptions of personal autonomy, intimacy, and level of health of their family of origin and their facilitative interpersonal functioning. Wilcoxon et al. related their findings to the wounded healer paradigm and inferred that resolution of

negative family-of-origin experiences may enhance facilitation skills of counselors in training. They cited small sample size, unsophisticated statistical analyses, and limited applicability of the findings to more seasoned counselors as limitations of the study, suggesting that follow-up studies investigate the relationship upon entry to and completion of graduate training.

Other researchers attribute the choice of profession to birth order. Lackie (1982) found that firstborns were significantly overrepresented among social workers and that firstborns were significantly overrepresented among highest academic achievers. According to Lackie (1983), firstborns are often predisposed to parenting their siblings and may choose professions reflecting their earlier childhood nurturing roles. Burton (1972) invited psychotherapists to discuss personal experiences contributing to their involvement in the field of psychotherapy. Five of Burton's 12 contributing therapists were firstborns. Burton concluded that the majority of the psychotherapists interviewed provided nurturance for their families.

Grigg (1959) tested Roe's (1957) hypothesis that occupational orientations of either towards persons or towards non-persons are related to parental attitudes during early childhood. Roe hypothesized that individuals selecting towards-persons occupations tended to have parents who could be described as emotionally warm and

accepting and that individuals selecting towards non-persons occupations tended to have emotionally cold, somewhat rejecting parents. Toward non-persons occupations include such areas as technology, outdoors, and science. Grigg's study was comprised of twenty-four female graduate nurses and 20 female graduate students majoring in chemistry, physics, and mathematics with a particular interest in research. Subjects completed a questionnaire soliciting information about parental attitudes toward the respondents during childhood. Grigg found no significant differences in the responses of the two occupational groups as related to early childhood experiences and towards-persons occupational orientations. Roe's concept may be more effective in discriminating differences between genders than within them due to differences in socialization between males and females. Results did, however, indicate that subjects majoring in mathematics or science rather than nursing tended to report a greater interest in gadgets and things during childhood than in relationships with others. Grigg alluded to the possibility that subjects' responses may have been influenced by social desirability. Results, however, indicated that neither group consistently answered in a discernably socially acceptable manner. Wittmer et al. (1974) conducted a similar study comparing reported parental behavior characteristics of counselors and

engineers. Counselors described their parents as more loving, more relaxed with regard to discipline, and more likely to provide symbolic rather than tangible rewards than did the engineers. Wittmer et al. interpreted their results as lending support to Roe's vocational dichotomy hypothesis.

Galinsky (1962) conducted interviews with 40 male graduate students regarding their life histories. Twenty subjects were physics majors and 20 were clinical psychology majors. Galinsky was specifically interested in the relationship between the desire to satisfy curiosity and the corresponding opportunity to satisfy curiosity within various occupations. Galinsky attempted to test the hypotheses that clinical psychologists had greater opportunity as children to explore interpersonal relations than did physicists and that physicists were more often disciplined by their fathers while clinical psychologists were more often disciplined by their mothers. Galinsky predicted that the fathers of physicists were rigid and stressed obedience in contrast to the mothers of clinical psychologists. The mothers were expected to be flexible and to attempt to reason with their children. Clinical psychologists reported experiencing greater opportunity for curiosity regarding interpersonal relationships than did physicists. Clinical psychologists also reported closer relationships with their mothers than physicists did;

clinical psychologists described their mothers as more expressive and demonstrative than physicists described their mothers. Galinsky stated that the families of physicists may have avoided more personal, introspective issues by substituting intellectual issues while the parents of clinical psychologists may have placed greater emphasis on discussion of feelings as a means of discipline than did the parents of physicists, who tended to focus more on knowing and following the rules. The parents of physicists tended to be more consistent and predictable with regard to discipline while clinical psychologists described their parents as somewhat inconsistent and unpredictable. Physicists reported fewer, calmer, and later relationships with peers, including members of the opposite sex, than did clinical psychologists. Finally, clinical psychologists described closer but more conflictual relationships with their parents than did physicists. Galinsky postulated that parental behaviors and style of discipline may act either as catalysts or inhibitors with regard to the areas of interest to their children.

Racusin et al. (1981) conducted intensive interviews with seven male and seven female therapists and respondents' recalled family of origin experiences were subjected to psychodynamic analysis. All 14 families had at least one member who had either emotional or physical

limitations with presumed psychogenic etiologies. The researchers inferred that these therapists experienced helpless rage as a result of insufficient nurturance in their families of origin and that family members' physical and emotional problems were symptomatic of the family's difficulty negotiating intimacy. They further postulated that a career in psychotherapy permitted these therapists to negotiate their residual feelings of ambivalence regarding interpersonal intimacy. With regard to the therapists' roles in their families of origin, half claimed to have played a parentified or responsible role; most of these therapists reported fulfilling a nurturing role for at least one parent. Two respondents listed parenting as a secondary role. Three therapists acted as counselor or mediator, which served to reduce family tensions and resolve arguments within the family. Finally, most of these therapists reported closer relationships with siblings than with either parent although most of the therapists having siblings denied current close relationships with their siblings. Eight therapists reported that they pursued nurturance from persons besides their parents; a female relative fulfilled these needs for seven out of eight therapists. The researchers concluded that these therapists actively sought nurturance from a traditional source, in line with their childhood expectations regarding sex role functioning. Racusin et

al. postulated that it might be interesting to study the skills of therapists with families of origin similar to those of their sample and possibly helpful in identifying trainee countertransference issues. This study may not be generalizable due to the possibility of sample bias; the subjects were nominated by colleagues on the basis of comfort with the intensity of self-disclosure required by the study. Small sample size and method of subject selection are major limitations of this study. In addition, a control group of non-helping professionals might have provided valuable information regarding the rate of physical or emotional illness in families that have not produced professional helpers. Finally, the presumed psychogenic etiology of emotional or physical problems is suspect.

In a comparison of 66 psychiatrists and 246 non-psychiatrists, Frank and Paris (1987) hypothesized that psychiatrists choose their profession in an attempt to heal either themselves or their families. With regard to the need to heal one's family, respondents were queried about their immediate family history of medical or emotional problems during their childhood and whether they provided comfort for the ill family member. Respondents were also asked whether they had any personal history of clinical depression or severe or chronic physical problems. In addition, respondents were asked whether they had ever

received personal psychotherapy. No significant difference was found between family history of physical or emotional illness of psychiatrists versus non-psychiatrists. Frank and Paris did not find support for the hypothesis that psychiatrists choose their profession to heal their families and found no differences regarding attempts to comfort ill family members despite the fact that psychiatrists reported significantly more disappointment in their parents than the non-psychiatrists reported. However, a larger percentage of psychiatrists reported having received personal psychotherapy than non-psychiatrists. This finding is not surprising since analytic training requires students in training to undergo psychoanalysis. Psychiatrists and non-psychiatrists who had received psychotherapy did not report significantly different attitudes toward their parents. Frank and Paris concluded that, among these psychiatrists', the choice of profession and the decision to enter therapy were influenced by subjects' motivations to heal themselves.

CHAPTER 3

Methods

Subjects

A total of 226 survey packets were mailed to members of the Tennessee Division of the American Association for Marriage and Family Therapy. A few respondents were residents of states other than Tennessee. A list of members was obtained from the editor of the organization's Tennessee Division newsletter. The packets contained a letter, informed consent statement, information sheet, questionnaire, and a self-addressed stamped envelope. Of the 226 surveys mailed, 195 (86%) were returned. Of the 195 returned surveys, 44 were incomplete and unsuitable for the purpose of the study, leaving 151 surveys which were actually included in the statistical analysis. Compensation for participation in the study was limited to the offering of a summary of the results of the study.

Materials

A letter (see Appendix) explained the purpose of the study and requested the member's participation. The informed consent statement (see Appendix, p. 37) briefly explained the purpose of the study and the limits of confidentiality. The information sheet (see Appendix)

information regarding the respondents' gender, age, birth order, occupation, type of practice, and educational degree. Respondents were asked to circle the letter that best described them for each category.

The questionnaire, a forced-choice inventory (see Appendix) was based on Wegscheider's (1981) model of dysfunctional family roles and modified by the author. The roles of Hero, Scapegoat, Lost Child, and Mascot were described but were not identified in order to minimize response bias. Respondents were asked to check the role with which they identified most while growing up in their family of origin. Space for comments was also provided. Upon return, completed surveys were numbered and separated from requests for copies of the results of the study to ensure confidentiality.

Method of Data Analysis

Results were computed by chi-square analysis using two separate cross tallies. The purpose of the first cross tally was to determine the frequency with which respondents described themselves as firstborn Heroes. The second cross tally compared firstborn Heroes, Non-firstborn Heroes, firstborn non-Heroes, and non-firstborn non-Heroes in order to determine whether firstborns were more likely to choose the family role of Hero than the roles of Scapegoat, Lost Child, or Mascot.

CHAPTER 4

Results

The first cross tally compared each birth order with each role and appeared to indicate that firstborn Heroes were significantly overrepresented ($X^2 = 14.818$, $p < 0.022$) among the sample ($N = 151$) (see Table 1).

Table 1

Overview of Birth Order and Family Roles.

Variables	Firstborns	Secondborns	Other	Total
Hero	58	19	16	93
Scapegoat	6	6	5	17
Lost Child	13	7	6	26
Mascot	3	4	8	15
Total	80	36	35	151

Note: $X^2 = 14.818$, $p < 0.022$

Further analysis, however, demonstrated that the helpers in the present study were not any more likely to be firstborn than any other birth order ($X^2 = 0.536$, $p > .05$) contradicting the prediction that a disproportionate number of helpers would be firstborns as well as Heroes (see Table 2).

Table 2

Firstborn and Non-Firstborn Frequency.

Firstborns	Non-Firstborns
80	71

Note: $X^2 = 0.536$, $p > .05$

Significant support was, however, found for the hypothesis that helpers would be more likely to have played the family role of Hero than the roles of Scapegoat, Lost Child, or Mascot ($X^2 = 8.113$ $p < .005$) (see Table 3).

Table 3

Hero and Non-Hero Frequency.

Heroes	Non-Heroes
93	58

Note: $X^2 = 8.113$, $p < .005$.

Finally, results indicated that firstborns are more likely than non-firstborns to identify with the role of Hero ($X^2 = 8.560$, $p < .005$) (see Table 4).

Table 4

Comparison of Firstborn Heroes, Non-Firstborn Heroes, Firstborn Non-Heroes, and Non-Firstborn Non-Heroes.

Firstborn Heroes	Non-Firstborn Heroes	Firstborn Non-Heroes	Non-Firstborn Non-Heroes
93	35	22	36

Note: $X^2 = 8.560$, $p < .005$.

Chapter 5

Summary and Conclusions

Little conclusive research has been conducted as to possible precursors of professional helpers' career choice. A review of the literature indicates that firstborns may be more likely to enter the counseling profession than members represented by other birth orders. According to the present study, however, being firstborn does not appear to be a predictor of professional caretaking.

The hypothesis that more helpers would be firstborns who also played the role of family Hero, was not supported (see Table 2). Helpers in the present study were not any more likely to be firstborns than any other birth order although firstborns were more likely than non-firstborns to identify with the role of Hero. Helpers were more likely to identify with the family role of Hero than with the roles of Scapegoat, Lost Child, or Mascot, regardless of birth order.

The finding that the majority of respondents in the current study chose the role of Hero is consistent with the caretaking role often described in related literature. One respondent offered the insight that her own choice of profession probably enables her to symbolically heal the brokenness of her family. She also stated that she

listened to and closely observed others, with the result that she became a confidante at an early age.

The primary limitations of this study are the lack of a wider variety in choice of roles and the respondents' familiarity with the concept of family roles. Several respondents balked at having to choose a dysfunctional role. It is quite possible that more functional family roles exist although a review of the literature produced no such roles. The respondents in this study were very familiar with family roles due to their involvement in the field of family therapy, which may explain the high rate (86%) of returned surveys. A sample comprised of other counseling subspecialties might yield different results.

REFERENCES

REFERENCES

Adler, A. (1956). Notes regarding the dynamics of the self. In The Collected Works, 16, 111-125 (Bollingen, 1954). Princeton: Princeton University Press.

Allen, M. R. (1989). Wounded healers: Alleviation of burnout in psychotherapists through integration of altruistic and self-healing motivations, Vol. I. California School of Professional Psychology at Berkeley/Alameda.

Bermak, G. (1977). Do psychiatrists have special emotional problems? The American Journal of Psychoanalysis, 37, 141-146.

Black, C. (1981). It will never happen to me. Denver: M.A.C. Printing and Publications Division.

Bowen, M. L. (1978). Family therapy in clinical practice. New York: Jason Aronson.

Bradley, R. (1982, September). Using birth order and sibling dynamics in career counseling. The Personnel and Guidance Journal, pp. 25-31.

Bugental, J. (1964). The person who is the psychotherapist. Journal of Consulting Psychology, 28(3), 272-277.

Burden, S. L. (1980). Tracking over-responsibility in a family system. The Family, 8(1), 42-45.

Burton, A., & Associates (1972). Twelve therapists. London: Jossey-Bass.

Campbell, D. P. (1971). Admissions policies: Side effects and their implications. American Psychologist, 26, 636-647.

Deutch, C. J. (1984). Self-reported sources of stress among psychotherapists. Professional Psychology: Research and Practice, 15, 833-845.

Farber, B. A. (1983). The effects of psychotherapeutic practice upon psychotherapists. Psychotherapy: Theory, Research, and Practice, 20, 174-182.

Farber, B. A. (1985). The genesis, development, and implications of psychological-mindedness in psychotherapists. Psychotherapy, 22, 171-176.

Farber, B. A., & Heifetz, L J. (1981). The satisfactions and stresses of psychotherapeutic work: A factor analytic study. Professional Psychology, 12, 621-630.

Frank, H., & Paris, J. (1987). Psychological factors in the choice of psychiatry as a career. Canadian Journal of Psychiatry, 32(2), 118-122.

Freudenberger, H. J. (1975). The staff burn-out syndrome in alternative institutions. Psychotherapy: Theory, Research, and Practice, 12, 73-82.

Freudenberger, H. J. (1986). Heal thyself: The health of health care professionals. New York: Brunner/Mazel.

Galinsky, M. (1962). Personality development and vocational choice of clinical psychologists and physicists. Journal of Counseling Psychology, 9(4), 299-305.

Goldklank, S. (1986). My family made me do it. Family Process, 25, 309-319.

Graves, R. (1955). The Greek myths: Volume 1. New York: Penguin.

Grigg, A. (1959). Childhood experience with parental attitudes: A test of Roe's hypothesis. Journal of Counseling Psychology, 6(2), 153-156.

Groesbeck, C. J. (1975). The archetypal image of the wounded healer. Journal of Analytical Psychology, 20, 122-145.

Guggenbuhl-Craig (1971). Power in the helping professions. Dallas: Spring.

Harner, M. (1980). The way of the shaman: A guide to power and healing. San Francisco: Harper and Row.

Henry, W. E. (1966). Some observations on the lives of healers. Human Development, 9, 45-56.

Henry, W. E., Sims, J. H., & Spray, S. L. (1973). Public and private lives of psychotherapists. San Francisco: Jossey-Bass.

Johnson, R. A. (1974). He: Understanding masculine psychology. New York: Harper and Row.

Jung, C. G. (1946). Psychology of the transference. In Bollingen (1954), Collected Works, 16, pp. 133-338. Princeton: Princeton University Press.

Lackie, B. (1983, Winter). The families of origin of social workers. Clinical Social Work Journal, 11(4), 309-322.

Langs, R. (1985). Madness and cure. New York: New Concept Press.

Maeder, T. (1989, January). Wounded healers. The Atlantic Monthly, 37-47.

May, R. (1985, October). The wounded healer. Paper presented at the annual convention of the Michigan Personnel and Guidance Association, Boyne Mountain, MI.

Meyerhoff, B. G. (1976). Balancing between worlds: The shaman's calling. Parabola, 1, 6-13.

Miller, G., & Baldwin, D. (1987). Implications of the wounded-healer paradigm for the use of the self in therapy. The Use of Self in Therapy, 139-151.

Racusin, G. R., Abramowitz, S. I., & Winter, W. D. (1981). Becoming a therapist: Family dynamics and career choice. Professional Psychology, 12(2), 271-279.

Roe, A. (1957). Early determinants of vocational choice. Journal of Counseling Psychology, 4, 212-217.

Satir, V. (1972). Peoplemaking. Palo Alto: Science and Behavior Books.

Titelman, P. (1987). The Therapist's Own Family: Toward the Differentiation of Self. Northvale, New Jersey: Jason Aronson.

Wegscheider, S. (1981). Another chance: Hope and health for the alcoholic family. Palo Alto: Science and Behavior Books.

Wilcoxon, S., Walker, M., & Hovestadt, A. (1989). Counselor effectiveness and family-of-origin experiences: A significant relationship? Counseling and Values, 33, 225-229.

Wittmer, J., Jeffers, M., & Persons, W. (1974, March). Parental behavior and vocational choice: A comparison of counselors and engineers. Journal of Employment Counseling, pp. 16-21.

APPENDIX

Dear TAMFT Member:

Your assistance would be greatly appreciated. I am conducting a study of birth order, role played in family of origin, and choice of counseling-related professions. This study is toward my partial completion of the Master of Science degree at Austin Peay State University. I have attempted to construct the survey in as brief and concise a manner as possible. Please take a few minutes of your time to complete the enclosed survey. I have enclosed a self-addressed stamped envelope for your convenience. If you would like to receive a copy of the results of the study, please send a self-addressed stamped envelope to Jeanette Pratt, 428 Highland Circle, Clarksville, TN 37043.

Thank You,

Jeanette Pratt

INFORMED CONSENT STATEMENT

The purpose of this investigation is to research the relationship between birth order and family role. Your responses are confidential. At no time will you be identified nor will anyone other than the investigator(s) have access to your responses. The demographic information collected will be used only for purposes of analysis. Your participation is completely voluntary, and you are free to terminate your participation at any time without penalty. Thank you for your participation.

I agree to participate in the present study being conducted under the supervision of a faculty member of the Department of Psychology at Austin Peay State University, Clarksville, Tennessee. I have been informed in writing about the procedures to be followed and about any discomforts or risks which may be involved. The investigator has offered to answer any further inquiries I have regarding the procedures. I understand that I am free to terminate my participation at any time without penalty or prejudice and to have all data obtained from me withdrawn from the study and destroyed. I have also been told of any benefits that may result from my participation.

_____ _____

Name (please print) Signature

_____

Date

Instructions

please circle the letter that best describes you.

Demographics

Gender: A. Male B. Female

Age: A. 20-30 B. 31-39 C. 40-49 D. 50-59 E. 60 & Over

Birth Order: A. 1st B. 2nd C. Other _____

Occupation: A. Marital & Family Therapist B. Counselor
C. Psychologist D. Other
_____

Type of Practice: A. Private B. Agency C. Other _____

Degree: A. Bachelor's B. Master's C. Doctorate

Instructions

please check the role with which you identified most while growing up in your family of origin.

_____ I displayed a positive front for the family and tried to make the family "look good". I was successful both at home and at school and seemed to do everything right. I usually kept negative thoughts to myself, attempted to be positive, give others what they wanted, and didn't talk about family problems. I left the family early, on a positive note, in order to go on to successful endeavors. I tried to provide a sense of self-worth for my family.

_____ I learned in my family that one is not rewarded for who one is, but rather for how one performs. I refused to compete with my sibling(s) for acceptance so I decided to pull away from the family and look for acceptance elsewhere. Besides feeling like I didn't belong in my family, I also felt angry about having to look elsewhere for a sense of belongingness. I got attention for the destructive ways in which I withdrew. I thought about running away or actually did run away, refused to be a part of the family, got pregnant, used chemicals, or was simply stubborn and withdrawn.

_____ I lacked close connections in my family. I spent a lot of time alone or being quietly busy. I rarely got into trouble myself and tried not to cause trouble for anyone else. I often went unnoticed and usually wasn't given much attention, either positive or negative; I was just there. I think my parents were relieved that they didn't have to worry about me.

_____ I often diffused tension in the family through comical or otherwise distracting antics. I was the class clown and/or the family entertainer and was seen by others as cute, fun to be around, charming, and humorous. I was sometimes reluctant to let others know the "real" me and they often had trouble figuring out whether or not I was kidding, as I often did.

Comments