In any given family the individual members fulfill and act out roles, yet there are differences between healthy and dysfunctional families as outlined below:

HEALTHY FAMILIES

1. While in healthy, functional families these roles are generally fluid, change over time, in different circumstances, at events and are age and developmentally appropriate, in dysfunctional families the roles are much more rigid.

2. In healthy family members are integrated and various parts may surface at different times at no threat to the family system. In functional families the roles are interdependent.

3. The various roles in a healthy family are parts of every person. Individual members, in particular children, are allowed to grow, develop, and integrate these roles in their personality to become a fully functional adult with a full set of skills to develop further during their own independent adult life.

4. Healthy families in general retain functionality when individual members ‘leave’ the family system through ‘moving out’, starting their own families or even death of an individual member.

UNHEALTHY FAMILIES

1. In dysfunctional families the roles are almost a form of continuity or stability of the family system, stifling development of primarily the children, though one or more parents may be severely stifled as well.

2. Members must submerge parts of their personalities and take on a role so they are less of a threat to the family system that must be kept in place. In the case of a dysfunctional family all the roles are characterized as co-dependent.

3. In a dysfunctional family each member takes on a role, and/or is assigned one, to make up the whole of the family. Rather than a family of fully (yet age appropriate) persons, the family system gears to create just one: the family itself.

4. In dysfunctional family systems when an individual member leaves, this creates an (almost) irreparable hole in the existing system. When an individual member discards the taken or assigned role it threatens the family stability (such as it is) as there is no-one capable of fulfilling (or willing to fulfill) that role. This is why dysfunctional families are often so enmeshed. The system needs all members to function as a unit, not as a community.

UNHEALTHY FAMILY ROLES

Unhealthy or dysfunctional family roles emerge when families chronically struggle with alcoholism, mental health disorders, abuse, rigid or dogmatic values/rules. Roles may shift or change as family members leave or move away either emotionally or physically.
THE ENABLER

Another descriptive word for this type of codependent family role is “The Caretaker”. This is also a role a child can fulfill, especially in case the other parent/caregiver has not resigned to enable the dysfunctional addicted or narcissistic parent. The Enabler feels like they must keep the family going. Over and over, they take on the addict’s or victim’s problems and responsibilities. The Enabler is the martyr of the family, and often supports not only dysfunctional behavior, but also a prime enforcer of the codependent roles that everyone else is required to play. You often see this role in a family where the functioning of (one of) the parent(s) is impaired in some way, i.e., mental illness, substance abuse or a medical disability. This child will attempt to function as the surrogate parent. They worry and fret, nurture, and support, listen and console. Their entire concept of self is based on what they can provide for others.

The Enabler protects and takes care of the problem parent so that the parent is never allowed to experience the negative consequences of his or her actions. The Enabler feels he or she must act this way, because otherwise, the family might not survive. The paradoxical thing about The Enabler’s behavior is that by preventing the dysfunctional parent’s crisis, he or she also prevents the painful, corrective experience that crisis brings, which may be the only thing that makes the dysfunctional parent stop the downward spiral of addiction.

THE HERO

This family member devotes his/her time and attention to making the family look “normal” and without problems. The Hero can mask or make up for the dysfunctional home life. Over-responsible and self-sufficient they are often perfectionistic, are over-achievers and look very good - on the outside. The parents look to this child to prove that they are good parents and good people. Their goal in life is to achieve "success", however that has been defined by the family; they must always be "brave and strong".

The Hero's compulsive drive to succeed may in turn lead to stress-related illness, and compulsive overworking. They learn at a young age to suffer the sadness of a parent and become a surrogate spouse or confidante. While The Hero saves the family by being perfect and making it look good, the golden child may struggle to live up to his status.

THE GOLDEN CHILD

In a narcissistic personality disordered (NPD) family, the Golden Child is the recipient of all the narcissistic parent’s positive projections and is their favorite child. The golden child is usually the victim of emotional and (covert) sexual abuse by the narcissistic parent. (S)He is also witness to, and sometimes takes part in, other children’s abuse. Many specialists believe that witnessing your sibling’s abuse is as damaging as receiving it.

THE SCAPEGOAT

The Scapegoat is the “problem child” or the “troublemaker”. This family member always seems defiant, hostile, and angry. The Scapegoat is the truth teller of the family and will often verbalize or act out the "problem" which the family is attempting to cover up or deny. This individual’s behavior warrants negative attention and is a great distraction for everyone from the real issues at hand. The Scapegoat usually has trouble in school because they get attention the only way they know how - which is negatively. They can
be very clever, may develop social skills within his or her circle of peers, and become leaders in their own peer groups. But often the groups that they choose to associate with are groups that do not present healthy relationships. The relationships he or she experiences tend to be shallow and inauthentic. The Scapegoat is sacrificed for the family. The Scapegoat will be the "identified patient". * Scapegoats come in many different flavors, but two common ones are: 1) the picked, weak or sick child; or, 2) the angry, rebellious problem child who is constantly getting into conflicts. They are often self-destructive, cynical, and even mean. In an NPD family, The Scapegoat, or no good child is the recipient of the narcissist's negative projections. They can never do anything right. The name 'rebel' implies that the child has chosen this role, which is debatable. The Scapegoat is usually a victim of emotional and physical abuse by the narcissistic parent.

**THE LOST CHILD**

The Lost Child is usually known as “the quiet one” or “the dreamer”. The Lost Child is the invisible child. They try to escape the family situation by making themselves very small and quiet. (S)He stays out of the way of problems and spends a lot of time alone. The purpose of having a lost child in the family is like that of The Hero. Because The Lost Child is rarely in trouble, the family can say, “He’s a good kid. Everything seems fine in his life, so things can’t be too bad in the family.” This child avoids interactions with other family members and basically disappears. They become loners or are very shy. The Lost Child seeks the privacy of his or her own company to be away from the family chaos. Because they don’t interact, they never have a chance to develop important social and communication skills. The Lost Child often has poor communication skills, difficulties with intimacy and in forming relationships. They deny that they have any feelings and "don’t bother getting upset." They deal with reality by withdrawing from it. In an NPD family, The Lost Child just doesn’t seem to matter to the narcissist and avoids conflict by keeping a low profile. They are not perceived as a threat or a good source of supply, but they are usually victims of neglect and emotional abuse.

**THE MASCOT**

The goal of The Family Mascot is to break the tension and lighten the mood with humor or antics. (S)He is usually “the cute one.” This child feels powerless in the dynamics which are going on in the family and tries to interrupt tension, anger, conflict, violence, or other unpleasant situations within the family by being the court jester. The Mascot seeks to be the center of attention in the family, often entertaining the family and making everyone feel better through his or her comedy. They may also use humor to communicate and to confront family dysfunction, rather than address it directly. They also use humor to communicate repressed emotions in the family such as anger, grief, hostility, or fear. This behavior is lighthearted and hilarious, just what a family twisted in pain needs — but the mascot’s clowning is not repairing the emotional wounds, only providing temporary balm. The rest of the family may try to protect their “class clown”. The Mascot is often busy body. They become anxious or depressed when things aren’t in constant motion. The Mascot commonly has difficulty concentrating and focusing in a sustained way on learning, and this makes school or work difficult. (Hence, they also referred to as "The Slacker").