

ADOLESCENT CHILDREN REFUSING ACCESS
Also Called Splitting or Parental Alienation

OUTLINE

I. Introduction:

There are several ways of looking at the problem: parental alienation; legitimate choice by the child; psychological symptom (splitting); defensive detachment. This paper focuses on the psychological reaction of the child's mind, called splitting. This focus leads to constructive approaches.

II. The Developmental and Family Context of the Problem:

The problem occurs in the context of family attachment breakdown.

III. The Problem Is a True Psychological Symptom:

It is reactive, not deliberate behavior. It is a solution to a painful problem. It accomplishes something positive for the child. And it tells an important story.

IV. Children's Three Basic Reactions to Conflicted Divorce:

Children's reactions to family attachment breakdown (divorce and parental conflict) depend on their stage of development and on parental management. Unfortunately, these reactions tend to increase parental conflict.

- A. **Transfer Reactions** when going from parent to parent occur mainly in younger children (1 – 4) before they can **switch** comfortably from one parental world to the other.
- B. **Switching** occurs in young children up to adolescence.
- C. **Splitting/Alienation** occurs in adolescent children.
- D. **Splitting/Alienation** and **Realistic Estrangement**: there are four defining characteristics of alienation.

V. Three Causal Factors in Splitting/Alienation:

- Attitudes and behavior of the favored parent.
- Mistakes and behavior of the alienated parent.
- Internal psychological reaction of the child's mind.

VI. Treatment Approaches for Adolescent Splitting/Alienation:

- Framing the problem as a psychological reaction of the child's mind allows escape from blaming and "arguments over truth".
- The child is stressed both cognitively and emotionally.
- Securing the cooperation of both parents is crucial.
- Securing the cooperation of the favored parent is the most difficult.
- Treating the child is not the preferred approach: parental sessions are best.

- The **Mirror Principle** becomes manifest as treatment fails.
- Radical resistance and the use of authority create a dilemma.
- The real goal is for the child to regain the benefit of **two parents**.
- Treating the child's alienation reaction is like treating a **handicap**.
- A fourfold strategy for very difficult cases: reverse the situation, reopen attachment to the alienated parent, teach the child new skills, and proceed to a two-parent solution.
- Perhaps **alienation from mother** produces the strongest resistance.

VII. Common Child Issues That Also Affect Alienation Reactions:

- A. Emotional Resonance.
- B. Conflict between the Parents.
- C. An Attempt to Help the Family.
- D. Stuck Grieving.
- E. Unfinished Business of Early Childhood.
- F. Empowerment and Attachment.
- G. Defensive Detachment.
- H. Connection with Other Issues of Adolescent Development.
- I. Telling a Story That Must Be Told.

VIII. The Dangers of Choice in Alienation/Splitting Reactions:

- The underlying issues of betrayal and demonization.
- Long-term damage to attachment life.

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I. Introduction:

The problem of adolescent children refusing access in conflicted separated families has been steadily growing for years. This reaction of children has been conceptualized and approached in three general ways. The most popular way is to call it **parental alienation**, and to explain it as a reaction caused by alienating behaviors and intentions on the part of the favored parent. Another way is to see it as a **rightful choice** or decision made by the child in response to poor parenting by the refused parent. In this view it is often referred to as **realistic estrangement**. Finally, the refusal and accompanying psychological reactions can be seen as a **symptom**, that is, an automatic defensive reaction of the child's mind, caused by internal stress, by adolescent development, and by an unnatural and excessive empowerment of the child.

Viewed as a symptomatic reaction, the child's refusal of access can be called "**splitting**"—the child's mind splits the parental world into good and bad, and the child "splits off" from one parent. Or, it could be seen as "**defensive detachment**"—a child's mind solves its painful and conflicted attachment or loyalty problems by defensively detaching from one parent. This is accomplished by a mechanism of denying the lovability of one parent and any attachment to that parent. It is accompanied by an empowerment of the child that disrupts normal attachment processes.

In my view, the first two approaches, one that blames the favored parent and one that blames the refused parent, tend to amplify both the problem (refusal of access) and the long-term detrimental consequences for the child's attachment life.

I will explain later why this is so. Of these two approaches, the most problematic is the second, the one that sees and approaches the refusal of access as a rightful decision or choice by the child. This approach, often adopted by legal and mental health child advocates, as well as by the favored parent, maintains that the refusal of access represents a **realistic estrangement** from the rejected parent. In the majority of cases this is not so, and approaching it this way exposes the child to serious emotional consequences later on. This approach also dramatically empowers the child in a way destructive of normal attachment processes. I will explain why this is so, as well as how to distinguish between realistic estrangement and the splitting/alienation reaction.

The approach that blames the influence of the favored parent and the one that focuses on the symptomatic reaction of the child have one thing in common: they both see the problem not as a choice or decision by the child, but rather as unconscious or non-voluntary reactions by the child's mind.

The best approach, and the only one that leads in a constructive direction, is this last, symptomatic approach, the one that maintains focus on the child and what is happening to the child psychologically and emotionally. This approach, and the treatment directions that follow from it, will form the bulk of this paper. Ways that the legal system can help with this problem will also be discussed.

II. The Developmental and Family Context of the Problem:

A family is a network of attachments. Family is both the original purpose of human love and the place where it develops and grows. Attachment is fundamental to the survival and development of our species, and thus is programmed deep into our nature. A major part of each human being's development depends on and derives from the journey of attachment within the family. Human attachment is always hierarchical and mediated. It flows from top to bottom, and depends on a clear structure. Especially in a family, the flow of attachment can become seriously disrupted in the absence of a clear hierarchical structure (authority).

A divorce represents a breakdown of one of the major attachments in the family—the attachment or love between the father and mother. It was this attachment that created the family. It was in the context of this attachment that each child formed an attachment with each parent, beginning with the mother. Each infant arrived in the world with strong and fundamental instincts to attach to and love its principal caretakers, usually its biological parents. When the attachment between the parents is broken, it sends an earthquake through the attachment life of every family member.

Four things seem to determine the way in which a child will react to this profound shakeup in his or her attachment world and life: 1) the particular temperament of the child; 2) the pre-separation attachment culture within the family; 3) the way the parents manage attachments and the necessary hierarchical structure after the separation; and 4) the particular personal adjustment of each parent. Most families manage to make the difficult and stressful transition from a married family to a separated family in such a way that the remaining family attachments (of children to each parent and to each other) are protected, and the ongoing development of the children's attachment lives is not seriously compromised.

In some families, however, the attachment culture and hierarchy in the family become poisoned by ongoing parental conflict, stress and animosity. As is the

case with all painful human experiences, the emotional reactions of divorcing parents tend to flow in one of two basic directions—sadness/fear/self-doubt or anger/blaming/vindictiveness. These reactions, which if prolonged represent an inability to grieve for and accept the loss of the marital attachment, begin to make the family attachment atmosphere toxic, or at least very challenging, to the children’s emotional development. Also, the painful loss of the marital attachment often tends to amplify parents’ attachment to the children, so that the children become an exceedingly important and overriding focus for each parent. The fear of any loss or diminution of connection with the children is at the core of much parental conflict. This is how the hierarchy begins to fail, while the child becomes more and more powerful.

III. The Nature of Psychological Symptoms:

This paper is based on the conviction that the parental alienation reaction is a true psychological symptom. In order to understand what this means, I need first to share with you some basic characteristics of these kinds of reactions.

Psychological symptoms are unconsciously motivated. They are not deliberate behavior. We do not really choose to do them. They are reactions. They seem to happen to us. They kind of have a life of their own. They are powerful and compelling, yet apparently unreasonable. They are usually troubling and disturbing. Yet these reactions persist in spite of conscious and reasonable attempts to get rid of them or alter them. The mind may find many ways to rationalize them, or to talk itself out of them, but they persist. They usually follow a recurring pattern. Sometimes they even seem like a lifestyle.

Some examples of common symptoms are the following: recurring thoughts and feelings of worthlessness; a propensity to wilt or cry easily; a propensity to become angry and blame others; excessive use of video games; unnecessary shoplifting; recurring marital arguments; loss of interest and motivation; recurring painful and unsuccessful relationships; compulsive behaviors like gambling, shopping, sexual addiction; excessive controlling behavior; excessive emotionality and drama; withdrawal from intimacy and closeness; habitual avoidance of responsibilities; inability to regulate stress; excessive susceptibility to guilt; and on and on the list goes.

The reason we have psychotherapists is that such behavior patterns become troubling yet persist. What makes a therapist helpful is his or her knowledge about the nature of symptoms and how to relate to them. Therapists know that attacking the apparent unreasonableness of symptoms is usually not very helpful. The poor sufferer or the family has already done this for a long time, yet to no avail.

Therapists have a different lens through which they look at symptoms, that is, at apparently unreasonable, troubling, recurring emotional or behavioral reactions.

Looking through the therapist's lens, you see symptoms in the following way. They are created by the mind. But the owner of the mind was not consulted about them. They arose unconsciously and automatically. They are not really choices, even though they may seem to be. The therapist sees that there is a mind, and the owner of the mind—the self. Symptoms are disturbing because they are often experienced as “not self,” “not me.” “It keeps happening to me and I can't stop it.” The therapist knows that this is really true—we are **not** our minds, thank goodness. We **have** minds. Our minds operate according to various dynamics.

We can notice and observe these dynamics. This ability to reflect and observe is what saves us when our mind creates trouble. Therapists observe the mind and, in so doing, invite their clients to do this also. **Careful observation will reveal that all psychological symptoms have three main characteristics**, in addition to being unconsciously motivated and compelling.

First and foremost, symptoms are not irrational at all. They in fact represent a creative solution to a very painful problem. True, this solution may itself be painful or costly, but it is always less painful than the real problem. The symptom avoids the real pain and keeps it from being experienced. At the time the symptom was formed, this was a good deal. By the time the symptom has brought you to a therapist, the symptom has become almost equally painful on the one hand, and your development has made you strong enough to experience more of the real pain on the other. You and your therapist will decode the symptom and face together the real pain, after which the symptom will not be compellingly necessary, but optional. You will discover the serious problem and pain that the symptom was trying to solve.

Second, far from being maladaptive, symptoms are in fact accomplishing some important positive purpose in the individual's life. In addition to solving some unconscious painful problem, the symptom also has some secondary positive benefit in the person's life. Discovering this positive purpose and becoming aware of it when the symptom is occurring tend to be very helpful. The symptom becomes less unconscious and more deliberate. The mind is then able to find better and less troubling ways to accomplish the purpose. The symptom loses power. Therapists help to find this hidden positive purpose, and to encourage reflective awareness.

Finally, symptoms are telling a story. They are also memories. They contain the issues and elements of their origin. Therapists help to decode the symptom and articulate its story. Symptoms persist because the human mind insists that the story be told and understood. When this happens, and the associated pain is finally understood and digested, the symptom is no longer necessary. To create the symptom and to survive pain early in life, the mind needed to sacrifice or put aside some important part of the self. In contacting the story through the symptom, this part of the self is discovered and reawakened. There is a pearl in

the mud, a treasure in the pain. This is why therapists see symptoms as memories and go into the past.

To illustrate these concepts, let's look at a very common symptom like excessive controlling behavior. The behavior is persistent and automatic, in spite of attempts to reduce it. Even though it causes stress and relationship problems, the sufferer cannot stop it. What painful problem is this automatic behavior solving or avoiding? What positive thing is it accomplishing in the person's life? And what story is it telling about the past?

While the meaning of any particular symptom is always unique to each individual, a story similar to the following could emerge as the symptom is decoded. If the controlling behavior were to stop, the person might begin to experience a lot of painful insecurity, or fear, or self-doubt. The person might even not know what to do and become painfully indecisive or feel lost. Worse yet, confusing and strong (*felt to be difficult to control*) emotions might begin to occur inside the person. Thus, the symptom, probably a life-long way of being in the world, is attempting to solve and avoid these painful problems. It also is achieving the purpose of feeling strong, definite, clear, and in control of oneself. It might be discovered that the controlling symptom is also telling a story about a chaotic, insecure and anxious world in early childhood. The symptom was formed as a way to adjust to this world. It was necessary to attempt to control not only the outside world, but even more so the inside world of strong emotions, especially perhaps anger, which would not have been tolerated in the family.

Decoding the symptom in these ways would lead to discovering those aspects of the self that had to be sacrificed in early childhood, in favor of rigid inner and outer control. Things like spontaneous creativity, playfulness, a trust in one's own and other's emotional reactions, and a trust in freedom could be discovered and activated. The ability to control would not go away, but would become balanced by these other things. But alas, this could only happen by first experiencing the real pain inside. Once this pain is known and digested, then the symptom would lose its power to compel life adjustment, and the sacrificed parts of the person could finally emerge.

In what follows, I will show how the reaction called parental alienation or splitting is a true psychological symptom. Even though it appears to be a choice and is presented as such, I will show how it is really reactive, compelled, and not a choice. I will show how it is a solution to a very painful problem, how it accomplishes an important positive purpose for the child, and how it tells a story about attachment pain in the child and in the family.

IV. **Children's Three Basic Reactions to Conflicted Divorce:**

Children react in three basic ways to disturbance or stress in their attachment atmosphere. These reactions are instinctive and automatic, not the result of conscious decisions. Unfortunately, all three of these reactions, which are a response to parental conflict or stress, tend to amplify or escalate that conflict. It is crucial that parents become aware of the nature of these reactions, so that the child's reactions do not cause increased conflict, but rather increased cooperation. **Knowing and being able to interpret these reactions** are the principal ways that professionals—lawyers/mediators/counselors, parent coordinators, and mental health professionals—can help parents to avoid escalating conflict and to begin cooperatively to help their children. As children's reactions diminish, so does parental conflict.

A. Transfer Reactions:

The first basic reaction I call **transfer reactions**. These can occur at all ages, but are the most problematic with very young children, age five and under. In general, transfer reactions stem from the stress the child experiences in transferring his or her attachment from one parental world to the other. When this transfer is not lubricated by attachment, or at least friendliness and ease, between the parents, it is stressful and challenging for the child. Attachment theorists tell us that all attachment is hierarchical and mediated—attachment to a new person flows from and through the child's perception of attachment between the giving caretaker and the receiving caretaker. The more abrasive the atmosphere between the parents, the more stressful it is for the child. When these reactions are not intense, the parents usually recognize them as such and find ways to help and encourage the child's transfer. However, there are two forms of **intense transfer reactions** that tend to escalate parental conflict.

Intense transfer reactions in very young children usually take the following form. The child goes off to father with little or no reluctance or reaction. The child has a fun and good time with father and transfers back to mother with little or no reaction. Then the child is all out of sorts and reacts intensely when back with mother: maybe becoming very clingy and weepy; maybe depressed and tired; maybe angry, uncooperative and tantrums; maybe unable to settle or sleep; etc. Mother is convinced this has to do with some sort of bad experience with, or poor parenting by, father. She believes access should be decreased. Father, who knows things were great during the visit, believes either that mother is lying in order to take the child from him, or that the child is reacting because of mother's unreasonable fears or exaggerated emotionality. Conflict escalates, as do the transfer reactions. And all we really have is a young child reacting in very common ways either to the stress of transferring in a toxic and abrasive atmosphere, or just to the challenge of adjusting to abrupt changes in a divided world, where normal attachment processes have been disrupted.

While this interpretation may seem hard to accept, it is amazing how quickly and easily these reactions diminish or disappear as the parents find ways (usually with the help of a professional) to show the young child that mother and father are okay with each other, can smile at each other, can directly hand off the child to each other, and can be interchangeable just like the good old days (pre-separation).

Intense transfer reactions in older children (age 8 – 12) are different but equally dramatic. The child digs in and refuses to transfer, often launching all sorts of complaints about, or fear of, the receiving parent. These intense transfer reactions by children for whom “**switching**” (to be discussed next) has become exceedingly stressful are often mistaken for **splitting/alienation reactions**.

It is important to remember that they are transfer reactions. The child must have reached at least early adolescence (11 – 13) to have a true splitting reaction. **These intense transfer reactions of older children differ from splitting** in this way—once the transfer is made, the child is able to “switch” and fit with the receiving parent. In an adolescent with a splitting/alienation reaction, the “switch” or fit does not occur, or only minimally so, even when the transfer is finally accomplished. These intense transfer reactions are often a precursor to splitting and should be seen as a serious warning alarm. The remedy, and the best insurance against proceeding to full-blown alienation, is to get the parents together, with a professional, interpret the children’s reactions as a response to their long-term toxic atmosphere, and help them to proceed to a less polarized and more cooperative atmosphere. There are then fairly simple ways of helping their children.

B. Switching:

As the parents compare notes in treatment sessions, they will discover the second basic reaction of children to conflicted divorce—“**switching.**” **Switching** is a process that occurs in all preadolescent children. It is an internal psychological process whereby the child fits in with the adult world caring for him/her at the time. This process derives from a very strong instinct that has evolved in human children. Human children are far more dependent on their parents, and for a far longer time, than the offspring of any other species on earth. The survival of our species requires preadolescent children to fit with and attach to their parental (and other caretaking) settings easily and automatically. If we offer children an attachment world that is tensely divided or conflicted, we will find them automatically fitting with each parent in turn. In so doing, they will change how they feel, what they want, how they react, and what they remember. They will not be aware of this process. If you talk to enough of them and help them to become aware of it, the word they most often use to describe it is “switching.” Thus, I have adopted this word as a technical term.

Unless the parents are communicating well about the child, they will not notice the switching until it begins to cause conflict. Then, the child's differing desires and preferences, or complaints about the absent parent, or fluctuations in behavior will become evident.

The remedy or treatment for switching is twofold. First and foremost, the parents need to realize that it is occurring—that their child is changing dramatically as he or she goes back and forth in a divided world. They must come to realize that this is happening because their polarization is very stressful for their child. They must come to realize that their child's reaction is fueling and increasing their conflict. They must stop arguing about which is the “real” child—the one mother sees or the one father sees. They must especially give up the notion that one is telling the truth and the other is lying—or worse yet, that the child is lying. It is not about lying: it is about switching, which is equally real in both worlds, automatic, outside the child's control, and impossible for the child to stop.

“Arguments about truth” are the most potent cause both of switching and later of splitting/alienation reactions. The second most potent cause is incessant **blaming** between the parents. Parents often need professional help to recognize the switching and to remedy the processes that are causing it. Once this is done, there are a number of fairly simple strategies that parents can employ to show their child that his or her two worlds are not so divided and polarized, and that there is “fresh air” flowing between the two worlds. These strategies will reduce switching dramatically, and consequently, they will also reduce parental conflict.

Once the parents have made progress in conflict reduction and in their responses to the switching, they can move to helping the child directly. They can let the child know that they are talking to each other, that they have become aware how difficult their conflict is for the child, that they have noticed how the child changes without even knowing it, and that they are aware of the child's complaints about each parent. They can help the child become aware of the switching process, which is automatic and beyond the child's control, without ever making it an issue of “truth or lie.” Most of all, the parents can let the child know they understand it all happens because the child loves both parents and finds it difficult that the parents do not love each other. They can acknowledge the problem is about love, not about truth or lies, good or bad, guilty or innocent. Hopefully, the child's reactions will then accomplish their real purpose—the development of a more peaceful, compassionate and loving family. Switching will then become less necessary and the child's personality development can proceed in a more healthy way.

Switching is both good news and bad news for the child. On the one hand, it is a capacity given by nature to help the child cope with a divided life in a conflicted attachment world. On the other hand, it tends to fuel and increase the parental conflict. But worst of all, it is a very poor preparation for adolescence.

C. Splitting or Parental Alienation:

We have seen how young children are designed by nature to bond with and attach to their parental world. They are designed to arrive in and attach to a world of peace and cooperation. We have seen how, because of this design, if we offer children a non-peaceful and non-cooperative world, they will develop transfer reactions, especially when very young. Gradually, their nature causes them to develop switching reactions. Generally, as they learn to switch and fit with each parent in turn, their transfer reactions subside. All of this happens because nature tells young children that the primary purpose of their lives, on which their survival depends, is to fit with and attach themselves to their parental world.

Alas, we know, but the child does not, that nature is going to change this message. With the arrival of adolescence, at age 11 or 12, nature begins giving children a new message, and begins deleting the old one. It is as if nature begins saying to the child, “The joke is on you, kid. It is not the purpose of your life to fit with your parents. The purpose of your life is to grow up, have your own ideas and opinions, form a stable personal identity, and become more independent. In order to help you with this, I am going to prune away a lot of your instinct to fit with your parents, and I am going to grow an ability to think for yourself and even to criticize your parents. Sorry, but it will appear that your parents are becoming increasingly stupid.”

If in preparation for this change, a child has been relying for years on switching, he or she will experience four problems over and above the normal problems of adolescence. First of all, as the ability to switch decreases, the child will experience increased difficulty in living a divided life. Second, the child will have a less developed sense of self and thus be more vulnerable to the pressures of adolescent life. Third, normal adolescent disillusionment with the adult world will be heightened as the adolescent notices the longstanding family problems and dysfunction. “Arguments over truth” will likely intensify. Finally, since adolescent problems often represent a reworking of the unfinished emotional business of early childhood, the child is more likely to develop dramatic problems and issues.

All of these factors result in increasing stress for children entering, or already in, adolescence, within the context of a divided life between conflicted and polarized parents. Switching begins to fail. Transfers are more and more stressful. Parental arguments over truth intensify. Often parental fears and personality problems also come into play. The experience of attachment within the family becomes stressed to the breaking point. Rather than break from all this stress, the adolescent’s mind protects itself in the only way it can. It **splits off** from one parent and world and attaches itself strongly to the other parent and world. This is not a conscious decision but an automatic self-protective reaction by the child’s mind. It happens

in the context of total hierarchical breakdown in the family. Parental authority and structure are lost, and the child becomes exceedingly powerful.

The splitting reaction is often preceded by a particular intensification of the switching reaction as the child approaches adolescence (about age 9 – 11). This intensified switching reaction takes the form of the child complaining about the absent parent. As the child gets older and switching gets more difficult, the child's mind often resorts to such complaints. This helps make the switch easier. Generating, emphasizing, or remembering negative things about the absent parent helps both to say goodbye to that parent, and to align with the present parent. The more there are negative attitudes between the parents, and the more divided the child's life is, the more likely it is that this reaction will occur. If parental structure and cooperation are not equal to this challenge, the child's complaints, and the child, will become more and more powerful. It is still a switching reaction, because the child expresses complaints to both parents, and because the child can be all right with each parent in turn. But if the parents are not talking and comparing notes, and the child's two worlds are very isolated and polarized, this complaining reaction quickly intensifies parental conflict, especially arguments over truth. The stage is set for the splitting/alienation reaction as adolescence arrives.

When the **splitting/alienation reaction** begins to occur, the parental conflict escalates dramatically. The child perceives one parent as good, the other as bad. The child's mind begins to generate fear of, avoidance of, resistance to, and complaints about one parent. The fears and complaints find a sympathetic ear in the favored parent, and the child attaches strongly to this parent. Each parent intensely blames the other for what is occurring. Very quickly the splitting/alienation reaction hardens.

The child steadfastly refuses to see the split-off parent. Great fear, or anger, is generated. All positive memories vanish, as the child's mind feeds on and nurtures whatever negative memories or experiences it can. The poor split-off parent is outraged, blaming the favored parent for what is happening. The favored parent, meanwhile, is sympathetic to the child's complaints, fears, and distress. It seems obvious to this parent that the other has caused the child's reaction, and that the child needs support. Often the child resists access in spite of the favored parent's encouragement of access. Sometimes, but not in the majority of cases, and often not in the beginning, the favored parent does encourage and welcome the child's avoidance of the other parent.

D. Distinguishing Splitting/Alienation from Realistic Estrangement:

The reader will notice that this splitting process has been described as a non-volitional reaction of the child's mind, not as a choice and not as brainwashing. The splitting reaction is seen as a true psychological symptom (see above *The Nature of Psychological Symptoms*). As such, it should not be seen or treated as a

choice (see below *The Dangers of Choice in Alienation Reactions*). While this is true in the vast majority of cases in my experience, resistance to or refusal of access is not always an alienation reaction. Sometimes, there is a **realistic estrangement** from one parent, due to a history of poor or conflicted attachment, real and serious parenting problems, or serious mental problems in the refused parent. The child will have mixed feelings and both positive and negative memories. There will be some regret or concern about not seeing the refused parent. There will be some hope or opening for a change. And there will be a realistic description of that parent: one that is not totally negative or demonizing, and one that is consistent with an objective assessment of the parent and the family history.

The **splitting/alienation reaction**, on the other hand, while it can take many forms, (fear, anger, abuse allegations, blame, hurt feelings), **always seems to include four strange characteristics that mark it as a symptomatic (non-conscious) reaction.**

1. First, the reaction requires adolescent development (age 11 or 12 and usually older), such that switching cannot and does not occur, and such that the refusal is not just a transfer reaction.
2. Second, the child seems remarkably free of any guilt, anguish or remorse about the reaction. It is as if some part of the child's mind knows it is not really a choice.
3. Third, the child cannot remember any good times with the alienated parent, and will deny any such if evidence is produced. It is as if some part of the child's mind knows that this is not about facts but about the need to clarify and simplify the world.
4. Finally, the child will complain that the alienated parent "did not care" or failed in some way. Yet when it is pointed out that the offence taken implies a wish for the parent to love or care, this is immediately denied, and then ignored. It is as if some part of the child's mind knows that attachment is there, but it cannot and must not be acknowledged or experienced at this time.

Another noteworthy aspect of this splitting or alienation reaction is that it works. It is a symptomatic reaction of the child's mind, the purpose of which is to reduce the stress in the child's life. Almost always, the child appears happier and more relaxed. School work often improves, as do behavior and social life. All of these changes confirm for the favored parent the belief that the problems were being caused by the alienated parent, and that the child has wisely decided not to see that parent. What is not so obvious is the great harm occurring invisibly inside the child's mind and heart.

As in most things psychological, if there are two possibilities, **realistic estrangement or parental alienation**, it is possible and often the case to have some of both going on. Unfortunately, it is part of the alienation reaction that both

the child and the favored parent will present it as a realistic choice. Most often, however, this is not the case, even though there may be some problems in the parenting of the refused parent. In my view, unless it is clearly a case of realistic estrangement, the safest and most accurate approach is to see the refusal (alienation) as principally a psychological reaction and not as a choice. This approach can include treatment for the refused parent's problems, and often there are some issues that need attention.

V. Three Causal Factors in Splitting/Alienation:

From the foregoing, we notice several important things about the alienation problem. **First**, the problem occurs in high conflict, divided, polarized families. **Second**, it is best seen in the context of the other two symptomatic reactions that children have to a stressed family environment—that is, a family environment where fundamental attachment processes have gone awry. Very young children have transfer reactions. They cannot yet switch or split/alienate. Preadolescent children can switch and have transfer reactions. They cannot yet split/alienate. Adolescent children can have all three reactions. They alienate when switching can no longer manage the increased stress of a polarized life in adolescence. Nor can they manage the empowerment that comes with the disappearance of parental authority. **Third**, all of these reactions are automatic attempts by the child's mind to solve a huge and stressful attachment problem.

This frame of reference has emphasized what goes on inside the child. This emphasis is important, as it will point us toward constructive approaches to the problem, and alert us about the dangers of non-constructive approaches.

It is clear, however, that three people are involved in every splitting/ alienation reaction: a child, a favored parent, and an alienated parent. Thus, in most cases, there are three factors at work:

1. The attitudes, sympathies, influences, and sometimes emotional problems of the favored parent;
2. The mistakes, reactions, and sometimes history of disturbing family conduct of the alienated parent;
3. The defensive, survival reaction of the child's mind, desperately trying to deal with intolerable stress, which is accompanied by an empowerment that disrupts normal attachment processes.

All three factors are important. The first part of this paper has focused on the third factor, the child's defensive reaction, because it is the least visible. Furthermore, in most cases (but not all) it is also the most significant factor. However, in each case it is important to assess the relative weight of each factor.

Most approaches to the problem focus on one of the first two factors, the influences of parental conduct or attitudes. In essence, these approaches blame the child's splitting reaction on one of the parents. Most often, the favored parent is seen as overtly or covertly influencing the child into refusing access. Child advocates—mental health and legal—on the other hand, hearing the child's complaints and looking at the family history as presented by the favored parent and the child, tend to blame the rejected parent. These approaches tend not to help, because they focus on blame, they tend to increase the parental conflict, and most often they intensify "arguments over truth" as the issues of blame are argued. They also tend to further empower the child. **If the third factor (the symptomatic reaction of the child's mind) is indeed of primary importance, then it should be clear that any process that increases parental conflict, adds to blaming and "arguments over truth" regarding the child, or further empowers the child will make matters worse.**

A successful approach to the problem will be one that results in a beneficial and viable relationship between the child and both parents. In order to achieve this, attention will need to be paid to all three factors—the influence of the favored parent; the reactions and conduct of the alienated parent; and the child's need for a more peaceful and functional divorced family, where parental cooperation reestablishes parental structure and authority.

As a bit of an aside, the notion that the alienation reaction is principally a matter of brainwashing, influence, or manipulation by the favored parent raises a curious question. While it is true that young children can easily be influenced by parental comments and beliefs; it seems to be a hallmark of adolescent development to challenge, question, and even resist adult, especially parental, dictums. It would be far more reasonable to expect resistance, even backfire, from an adolescent in the face of attempts to brainwash, influence, or manipulate. The average adolescent seems to have a heightened sensitivity and resistance to such things. Nor can we assume that it is unusually weak and compliant adolescents who are brainwashed or manipulated into the alienation reaction. The facts are just the opposite. Alienated adolescents are very empowered and outspoken. They are fully prepared to argue with adults, even lawyers, therapists, and judges. And they take great offense at any implication they are influenced or manipulated. If they know one thing for sure, it is that their thoughts and feelings are their own. Clearly, in the case of adolescent children, we need a better theory than manipulative influence.

VI. Treatment Approaches for Adolescent Splitting/ Alienation:

<u>Outline</u>
<ul style="list-style-type: none">• <i>Framing the problem as a psychological reaction of the child's mind allows escape from blaming and "arguments over truth".</i>
<ul style="list-style-type: none">• <i>The child is stressed both cognitively and emotionally.</i>
<ul style="list-style-type: none">• <i>Securing the cooperation of both parents is crucial.</i>
<ul style="list-style-type: none">• <i>Securing the cooperation of the favored parent is the most difficult.</i>
<ul style="list-style-type: none">• <i>Treating the child is not the preferred approach: parental sessions are best.</i>
<ul style="list-style-type: none">• <i>The Mirror Principle becomes manifest as treatment fails.</i>
<ul style="list-style-type: none">• <i>Radical resistance and the use of authority create a dilemma.</i>
<ul style="list-style-type: none">• <i>The real goal is for the child to regain the benefit of two parents.</i>
<ul style="list-style-type: none">• <i>Treating the child's alienation reaction is like treating a handicap.</i>
<ul style="list-style-type: none">• <i>A fourfold strategy for very difficult cases: reverse the situation, reopen attachment to the alienated parent, teach the child new skills, and proceed to a two-parent solution.</i>

Successful treatment of **parental alienation** or **splitting** is very difficult. Alienation is a very potent family symptom. Like all symptoms, it represents a solution, albeit a disturbing and high-cost one, to a very real problem, and the difficulty in remedying it is in direct proportion to the magnitude of the problem it is solving. Like all symptoms, it occurs because it is less painful than the available alternatives. As in treating all symptoms, the therapist needs to be aware of these characteristics.

All three family members—mother, father and child—play some part in the development of the symptom. This means all three will need to face and endure some significant pain and stress if it is to be remedied. The symptom is the outcome of a very painful and dysfunctional family experience, which has led not only to a conflicted divorce but also to the splitting symptom in the child.

Much has been written about the psychological factors in mothers and fathers that contribute to, or help cause, the splitting/alienation symptom. In relating to the problem as a therapist, mediator or assessor, however, I prefer to focus on the child's story for several reasons. Focusing on parental problems tends only to increase defensiveness, blaming and conflict. Parents are usually afraid and desperate with regard to each other. They are often locked into legal positions. There is felt to be too much at stake to put down defenses, to reflect on one's self,

or to acknowledge any part in the problem. Focusing on the child, on the other hand, taps into the parents' love for the child, which is the only thing they have in common. It is often also the only thing that will allow them to rise above their own feelings and deal with each other. Parents in general are usually more able to reflect on their child's difficulties than on their own. It helps self-esteem to identify and respond to your child's symptoms; but in times of stress it challenges your self-esteem to look at and deal with your own symptoms. Children's symptoms, in fact, are often the occasion for parents dealing with their own problems.

However, the most important reason to focus on the child is that the symptom exists in the child's mind. It is first and foremost a solution arrived at by the child's mind as a reaction to intolerable pain and stress and to the breakdown of family attachment hierarchy. The pain and stress come from trying to love two parents who offer the child a world marked by intense loyalty conflict, blaming, and usually very different views of reality that result in intense arguments over truth and lies. This makes both the area of love/attachment/loyalty **and that** of knowledge/curiosity/learning/judgment very painful for the child. **The child is stressed both emotionally and cognitively.**

This is why the child, after splitting from one parent, almost invariably improves emotionally, academically and behaviorally. Like most symptoms in children, alienation is an alarm going off, saying two things: there is great distress and pain, and the family needs help. Like all symptoms, there is a way in which this one is right, wise, and accomplishing a very important purpose. It **is** better than the available alternative. It indeed would be more damaging to the child's mind and heart, less psychologically survivable, and more painful to continue trying to grow up in the conflicted family context than to lose one parent to alienation. If this were not so, the alienation probably would not occur. What the alienation symptom really does is make visible to, and perceptible by, the parents the unseen torment, damage and pain that was going on invisibly in the child for a long time.

Securing the cooperation of both parents is crucial:

The first step in treatment is to get the parents able and willing to meet with each other in a joint session. The favored parent (usually the mother) needs to realize how dangerous and damaging the alienation symptom really is, in spite of the child's apparent improvement and good adjustment. She needs to put aside her fear and animosity. She needs to realize how empowered the child has become in the absence of parental cooperation. She needs to learn how to deal with the child's complaints about the alienated parent and how to deal with resistance to access. The alienated parent needs to realize that blaming the other parent for the alienation will only make the problem worse. He needs to put his outrage aside. He needs to learn how to relate to a very resistant child, and how to address the child's problems. Parental teamwork and authority need to be reestablished, in the face of strong resistance from the child.

In terms of treatment, the more the favored parent holds on to the notions that the problem is caused by the behavior of the rejected parent, or that it is a matter of the child's choice, or both, the more impossible it will be for the child to reopen attachment to the rejected parent. Similarly, the more the rejected parent clings to blaming the favored parent as the cause of the problem, the more impossible treatment will be. The therapist will simply get caught up in the argument over truth between the two parents. Changing, or at least putting aside, these two parental attitudes and convictions is the key to successful treatment. This is as it should be. The child's mind has developed the reaction precisely because it knows that it cannot tolerate trying to be a loving child in such a stressful and toxic atmosphere. The child's mind is right: the only available solution is to deny attachment to one parent ("denial" is a technical term—it is an unconscious psychological mechanism that defends against intolerable pain by pretending that reality is different than it really is). In the case of the alienation symptom, the child's mind "pretends" that one parent is a demon and unlovable in order to protect itself from experiencing its real love and attachment, which would cause stress and pain.

The favored parent needs to be firm, even to the point of incurring the child's anger. In fact, one of the first ways the child re-experiences two parents on a level playing field is by becoming angry at both of them. This anger represents the beginning of a reestablishment of attachment hierarchy in the family. The alienated parent needs to demonstrate to the child a great deal of sensitivity and respect, avoiding arguments over truth, and relying on joint parental authority. Both parents need to demonstrate to the child that they can talk to each other, respect each other, avoid conflict, and get back in charge of the family. After initially preparing the parents in individual sessions, most of this work is done in joint sessions. The crucial element in the joint sessions is to help each parent become confident that the other will do his or her part. What is then left is for them, with the help of the therapist, to deal with the child's reactions. When the parents are ready, involving the child in these sessions can also be helpful.

This process all sounds good and sometimes works. But often parental attitudes are too entrenched, hatred too intense, or the child just cannot and will not cooperate. Sometimes the court needs to order the treatment. Securing the sincere participation of both parents in such circumstances is difficult. Often, everyone wishes we could just treat the child and make the problem go away.

However, treating the child—asking the child to solve or cope with the problem—is not the preferred approach. It is not reasonable to expect the child to solve the problem. After all, the symptom itself already represents the child's solution to a problem that he or she could not cope with and could not solve in any other way. It is not reasonable to ask the child to give up this solution without any attempt by the parents to lessen the conditions (parental conflict) that caused

it. Furthermore, alienation is a denial based symptom. The child's mind denies attachment to one parent by forgetting all good experiences and amplifying negative experiences. In doing so, the child's mind causes the child to say and do things that are contrary to the child's actual loving nature. The child would be in danger of overwhelming guilt and shame if the denial were to suddenly collapse. All denial symptoms work this way.

In general, the most difficult part of the treatment is getting the commitment and understanding of the favored parent. This requires the favored parent to see past and rise above the complaints of the child, her own entrenched beliefs about the other parent, and even sometimes her own view of the family history. She needs to realize that allowing her child to choose to reject one parent is equivalent to her being in the position of choosing to reject one of her children. She needs to understand and believe the symptomatic nature of her child's reaction—it is not really a choice and must not be framed as one. If she cannot do this, she may need the help (authority) of the court. *(This issue, as well as the issue of the child's choice, will be discussed in the last sections of this paper.)*

Usually, the rejected parent is desperate and will be able to reframe his view of the problem and comply with the therapist's directions. He (it is usually the father) needs to banish the idea that his child is brainwashed or that the problem is totally caused by the mother. He needs to realize that he cannot reach or reconnect with his child in this frame of reference. After all, every adolescent knows one thing for sure: "my ideas and feelings and opinions are my own: I am nobody's puppet, and I am insulted if you think so." The alienated parent needs to appreciate the symptomatic (non-volitional) nature of the child's reaction and to do all in his power to adopt a helpful and patient approach. He needs to realize and to accept that, at first, he cannot win. No matter what he says or does, the child cannot and will not see it as positive. The child's mind cannot allow itself any conscious experience of positive attachment to him. The child's mind fears that any such opening will result in returning to the intolerable stress of being caught in the middle of a war between two important attachment figures. Almost anything the split-off parent does, whether positive or combative, will be seen and used negatively by the child. This is why the only real solution is to work to show and convince the child that the war has ended, that his or her two attachment figures (mother and father) respect each other, and that parental authority has returned.

If the alienated parent cannot do his part, which in my experience is rare, about all the court can do is cause the access to be supervised.

Often, for both parents the issues of truth and justice are very important and very intense. I often tell parents this: "I cannot get you truth, I cannot get you justice, and I cannot get you satisfaction; but if you work with me on this, I may be able to get you your child. You will have to make your choice." Getting the parents to

give up the notion of truth, in favor of the notion of two different realities, is a difficult part of the treatment. I keep reminding them that the **“argument over truth”** is, as far as I can tell, the principal aspect of the parental conflict that causes the splitting/alienation. It is this that causes the child’s emotional problem to become a cognitive problem as well. It also causes the breakdown of parental authority and attachment hierarchy in the family, thus excessively empowering the child.

Once we can assure and show the child that the parental conflict is lessened and parental authority has returned, we can also work with the child. However, it should be emphasized that access to the split-off parent is the most important part of the treatment, not sessions with the child, or even sessions with the parent and child. In fact, the more we can just remedy the parental conflict and let the alienation reaction sort of evaporate in the context of required access and reestablished parental control, the better. Adolescent children with this reaction do not seem to benefit from any attempted insight into the internal causes of their reaction. This approach is foreign to them.

If the only access that can occur initially is in the therapist’s office, then sessions can be useful just because they are access. During such sessions, it is usually best not to acknowledge the obvious attachment that occurs. It is better just to let it happen. The elicitation of good memories in the past can also be useful. In this context of lightness and nothing serious, some issues of misunderstanding between the parent and child can also be discussed. Family sessions, if and only if, the parents are adequately prepared and capable, can be very useful. Unfortunately, this is often not possible.

In cases where the favored parent is not on board with the project of reunification, sessions between the child and the alienated parent can be particularly challenging. If the favored parent is the one who brings the child to the session, or if the child will return to that parent immediately after the session, the child is then in the position of trying to transfer or switch worlds twice in a short period of time. In such a session, the therapist can easily observe the child’s initial difficulty and resistance to the alienated parent. This is followed by some softening as the session progresses. Then, shortly before the end of the session, the child begins to shut off, harden, and alienate/split, in preparation for returning to the other parent.

In such cases, longer blocks of access time are preferable, with transfers effected by third parties. Sessions would be most beneficial after the transition has been made. What we are actually trying to do is help the child’s splitting symptom by returning to some switching and a divided life. A divided life, while not the best and usually not desirable, is still better than losing a parent to alienation.

There are of course personality issues in all family members. Whatever these are, and much has been written about this, the overwhelming focus of both parents is

on the problem with the child. Neither parent is really very motivated to look at, let alone deal with, his or her personality problems. The only thing we really have to work with is each parent's love for and concern about the child. This is why I have focused on this aspect of the problem. By focusing on the child and the child's plight, we work with the only thing the parents have in common and care about. If we can succeed in helping the family to become a more functional divorced family, then each parent can go on in life and deal with (or not deal with) his or her own personal issues.

When treatment fails:

Sadly, all too often treatment does not succeed for several reasons: the conflict is too entrenched and intense, the cooperation of the favored parent cannot be secured, authority and parental control cannot be restored to the family, and the legal system is unable or unwilling to intervene effectively. When this happens, the family drama evolves in such a way that the underlying nature of the problem (alienation reaction) is clearly revealed.

First of all, the breakdown of adult authority and structure becomes dramatically visible. The child feels and becomes more and more powerful. The child says things and does things no normal child would dream of. The child and the favored parent develop the attitude that no one can tell them what to do. The favored parent does not accept court orders or treatment recommendations. The child begins to challenge all authority. The child's interpersonal relationships (attachments) sooner or later are compromised. In other words, it can be seen clearly that part of the alienation problem has to do with a breakdown in hierarchy and authority in the family that is due to adult conflict.

The reaction of the refused parent, on the other hand, demonstrates clearly, and tragically, the principal element in the alienation reaction—intolerable attachment stress. In order to understand this, I need to acquaint you with the **mirror principle**.

The **mirror principle** says that as you try unsuccessfully to help someone you are very attached to, you yourself will come to feel and experience the real problem and real emotional issues going on inside that person. For example, parents who try unsuccessfully to help a child with a persistent resistance to school work may begin to feel powerless and incompetent, a failure no matter what they try, and tempted to just give up. They may even begin not to care anymore, because it is so painful to keep caring and trying, and still not succeed. The mirror principle says that these feelings and reactions are an accurate reflection of what is really being felt by the child. But the child cannot process this cognitively or verbally. The parents can verbalize these feelings, and in so doing help the child to know, to think about, and to talk about similar feelings. With this contact, achieved through awareness of the mirror principle, the parents and child can proceed to find successful solutions to the schoolwork problem.

As treatment of the alienation problem fails, the rejected parent experiences more and more pain. The parent begins to feel, and to tell the therapist, that attachment pain is too great. He says things like, “I cannot stand it anymore. It is too painful and too stressful to go on trying to love when no matter what I do results in conflict. No matter what I try, it is wrong and offensive in some way. I need to give up. I need to pretend I do not have children. I need to shut off my caring before it kills me or drives me crazy.” You will notice that these sentiments are a remarkable reflection of the attachment pain that I have postulated as the principal cause of the splitting/alienation reaction in the child.

As a therapist, I relate to this sad and tragic outcome in two ways. First, I explain the **mirror principle** and help the distressed parent to see that his feelings are now reflecting the heart of his child’s problem. I suggest that before actually giving up, he should communicate these feelings and sentiments to the family in some way. The hope is that the family will become aware of what is really happening, like looking in a mirror. It is like the Gandhi or Jesus approach—showing “those who know not what they do” the real consequences of what is happening. It is hoped that this announcement might instill some compassion, or at least some fear in the family. It is almost always the stronger and more adequate parent that gets alienated, and there is a way in which the symptom assumes and depends on the durability of this parent. As it becomes evident to the family that this parent is being crushed, some uneasiness may occur, while at the same time the mirror principle is making known the real nature of the problem.

Unfortunately, it is the nature of the alienation reaction that any strategy or intervention by the rejected parent will almost certainly be perceived negatively by the child. Whether the parent fights or gives up, the child’s mind will probably use it to fuel rejection. Thus, I do not recommend talking about giving up as a strategy, but only as a way of adding an important and true element to the family experience.

The second way I relate to this tragic outcome is by trying to help the rejected parent personally. The distressed parent is in danger of rejecting his children, or at least forming a strong defensive detachment from them. While this would reduce his suffering in the short term, it would eventually represent a betrayal of a very deep and important part of himself—his parenthood and bond with his children. I try to find out if he knows and admires any models or heroes who have suffered similarly—perhaps Nelson Mandela, Gandhi, Jesus, holocaust survivors—people who have held their center, kept their own truth, and continued loving, in the face of rejection, torture, betrayal, and condemnation. I try to help these parents become aware that keeping faith in the reality of their love and their parental bond, even in the face of rejection and powerlessness, has been shown to accomplish beautiful things in the long run. Unfortunately, it often entails enduring great suffering and misunderstanding, even condemnation and betrayal.

In short, I try to help them have faith in their love and parental bond; in the belief that this reality transcends the current situation. Even though they may need to give up the fight and accept the alienation for now, they still can honor what they know is real and indestructible in their own hearts.

Faith in invisible love, even in the face of unspeakable pain and felt powerlessness, is in fact the most potent force we are capable of. In times like this, it is all we can hang onto.

The dilemma of using strong authority to counter radical resistance:

In cases where conflict is very entrenched and the resistance of the child and the favored parent is exceptionally strong, the court is often asked to intervene in an increasingly authoritarian manner. Courts seem increasingly ready and willing to intervene strongly. I think this is a good trend, because one element of the problem stems from the over-empowerment of the adolescent child due to authority breakdown in the parental world. The question becomes how far to go with court-based authority, in the face of radical resistance by the child(ren) and the favored parent.

By “**radical resistance**” I mean situations like the following. The Court orders access, complete with detailed instructions for police enforcement if necessary, and with clear sanctions for non-compliance. The Court might even order the children to live with the rejected parent for a specified time, with no access to the favored parent during that time. The children react by treating the alienated parent horribly, giving no cooperation, expressing constant anger and resentment, threatening drastic actions, and the like. The children often run repeatedly, even in the face of strong police intervention. The children continue incessant complaints about the alienated parent, and the favored parent continues to be convinced that the children are reacting to poor parenting. Such beliefs are hardened as the nightmare of children running and police involvement unfolds. The favored parent tries to comply with the order, but believes deeply that the children are being subjected to poor parenting and to an absolutely untenable process. The alienated parent continues to believe that the children’s behavior is driven by the support of the favored parent. In the end, the children tell the police (or Social Services) that they would rather accept the sanction of going to a foster home than comply with access or live with the refused parent. The favored parent might also elect to go to jail rather than continue the nightmare. Now what do we, the Court and the mental health world, do? What do we counsel each parent to do?

I do not have clear answers to this dilemma. So far, I have dealt with such situations on a case by case basis, taking into account the particular personalities and dynamics in each family. In what follows, I will share my thinking about some of the issues.

First, I always keep in mind that the splitting/alienation reaction is first and foremost an internal psychological solution to a problem—the impossibility of maintaining a felt attachment to parents who are in serious and protracted conflict, marked by intense arguments over truth. Thus, unless this parental atmosphere is improved in some way, it is not reasonable to expect the child's mind to abandon the reaction and open itself to feeling attachment to both parents. We must also remember that the child's alienation reaction is a denial based symptom. Great guilt and pain await the child when this denial collapses.

Strong resistance is to be expected. Therefore, in cases of radical resistance in the face of strong external authority, I tend to favor any parental or family compromise that will afford at least some access to the refused parent. Keeping the attachment window open seems to me to be crucial, even if access is less than appropriate. If increased authoritarian intervention leads to increased access and some softening in the child or children, then I support it. If it leads to decreased access and hardening, then I tend to favor some compromise that will at least preserve some reliable access.

A second dilemma arises from the very nature of children and their innate attachment processes. The problem as presented to our authority (court) system is that a family's divorce conflict has resulted in a child or children being deprived of the benefit of one parent. It is in the best interests of children to continue to experience the benefit of two parents after a divorce. If a family cannot achieve this outcome on its own, the Court is then asked to intervene in the interests of the child. The Court's objective is a two-parent solution. But the very child the Court wants to help is built by nature in such a way that trying to maintain a felt attachment, (on which all beneficial parenting depends), in a toxic atmosphere is intolerably stressful and painful. This is why the splitting reaction occurs and persists. The Court, however, is powerless to affect this atmosphere. In fact, the very processes on which the Court depends tend to increase, not decrease, the problem—parental conflict and animosity. What the Court can do is dictate and enforce where the child is going to spend time. It can order treatment for parental conflict, but neither the Court nor the therapist can enforce a favorable outcome.

This then is the dilemma. The Court can reverse the problem. Courts seem increasingly willing to try this approach. The child can be placed in the care of the refused parent, and access to the favored can be eliminated or controlled. But this by itself does not achieve a two-parent solution. It just reverses the problem.

To achieve a workable and beneficial two-parent solution, two more things are necessary, in addition to reversing the living arrangement. The Court's ability to achieve these two things is limited, because both things depend on processes that are outside the Court's sphere, are expensive, and are at an early stage of development with uncertain outcomes.

The first, of course, is to achieve some decrease in parental conflict and arguments over truth. Many professionals are doing good and dedicated work in this area. They are successful in many cases. But there is something extraordinarily powerful going on in high conflict divorcing families where an alienation reaction takes root. There is some key that is missing. There is something that defeats the best interventions and strategies that work with other intense conflicts. With other intense conflicts, the therapist depends on the parent's love for the children, along with insight into the children's suffering, to help the parents rise above their own issues in favor of helping the child.

With the alienation problem, this often does not work. I do not know what the key is, but it seems to have to do with three factors. The child's pain is not obvious but hidden. The child is very empowered and parental authority too weak. Finally, there is some way that the child has entered the parental attachment breakdown (marriage failure) that fuels extraordinary conflict and blindness. I can't help but think that maybe the process of denial is at the heart of it. The parents' minds are deeply entrenched in pretending the other is totally bad and to blame. The child's mind is equally entrenched in pretending one parent is bad. Maybe this pretending is the way all three minds are denying the real pain and devastation of the divorce. Maybe all three are so deeply entrenched because each would experience devastating guilt, regret, or sorrow if the denial collapsed. Maybe this is why it seems almost like a religious war. It is like something sacred—something crucial to identity, or to culture, or to survival—has been threatened. Whatever it is, some lessening of conflict, along with some other way of processing the pain in the family, are necessary if a two-parent solution is to be achieved. The processes for achieving this remain elusive.

The second thing necessary to achieve a two-parent solution is for the child's mind to find some other workable solution, some solution other than the denial of attachment to one parent. This is a tall order because it is asking the child's mind to stop being a child. It is asking the child's mind to find more grown up, more complicated, and more conscious ways of dealing with an attachment environment it was not designed for. We can expect resistance, for it is indeed asking a child to do what most adults cannot do—live between and fit in with warring managers, or constituencies, or nations, or religions. In addition to this innate difficulty, the child does not feel any discomfort or problem. This is characteristic of all denial-based symptoms: the patient is not aware of a problem, and so lacks motivation to deal with it.

Handicap theme:

In essence, therefore, in trying to help the child find a new solution for living beneficially in an unnatural and toxic environment, we will be approaching the child as if he or she had a **handicap**. The child could have become handicapped in any number of ways. The child could have gotten diabetes, or been injured in an auto accident. The child would then need to learn, with great difficulty and

initial resistance, how to manage and live beneficially with the new set of circumstances. The alienated child has been handicapped in a train wreck called high conflict divorce. The child will need to learn new and unnatural (for a child) ways of coping and managing, much like a diabetic child needs to learn and accept unusual dietary requirements. This is sad and difficult to accept, not to mention difficult to learn. But it is the child's lot in life. We cannot take away the diabetes, just as we cannot take away the toxic parental environment, (except, of course, by creating another handicap—the loss of one parent). What we can do is require the child to accept the handicap, and then help the child to learn how to cope with it in some way. In the case of diabetes, we would teach the child how to manage the handicap in ways that protect current functioning, as well as mitigate the long term health consequences of the handicap. We would need to use adult authority to help the child accept the handicap and overcome natural resistance. In helping a child that is handicapped by the splitting/alienation reaction, our task is very much the same, if we are unable to change the toxic environment that is causing it.

A child, who did learn how to manage beneficially a family world marked by conflict and very different beliefs, would grow up with extraordinary talents to deal with our complicated global world. The child would need to learn extraordinary (especially for an adolescent) tolerance, patience, self-definition, and avoidance of other people's (parents') problems. I am aware of one program that is attempting to help alienated children develop the skills necessary to live in their toxic family environment. This is the Family Bridges Program created by Dr. Richard Warshak. (<http://www.warshak.com/services/family-bridges.html>).

“Our program teaches children how to stay out of the middle of adult conflicts, and how to maintain a compassionate view toward each parent. We teach children to think critically. When children learn how to see a problem from different perspectives they usually begin to heal their relationship without having to acknowledge that they had been treating the parent with contempt and without having to apologize for it. They begin relating in a more positive way.”

While I have no personal experience with this program, the overall strategy seems to be fourfold. First, the child is removed from the favored parent and put in the care of the alienated parent, with no exposure to the favored parent. Two things need to happen during this period of time: reopen the felt attachment between the children and the alienated parent; and teach the children to deal with the stressful and toxic parental atmosphere in better ways than splitting/alienation. Finally, it is hoped that the children, now having a repaired relationship with the alienated parent as well as new coping skills, can proceed to having a functional relationship with both parents.

This strategy makes sense to me. The Warshak program reports some successes. In cases I have dealt with, it has so far proved impossible to overcome the radical resistance of the children and achieve a reopening of a functional relationship with the alienated parent. It may be that I cannot offer a sufficiently isolated and intensive intervention, and/or the removal from the favored parent is not complete enough or long enough.

Mother Alienation: I do not know if this is significant or not, but four of the five cases involving radical resistance that I have been involved with in the last two years were families where the mother was the alienated parent. If this is significant, and if alienation is indeed a denial-based symptom, the following explanation occurs to me. It may be that human nature recoils most strongly from betraying or rejecting attachment to mother, since this attachment is primary and most crucial for survival. If such an attachment is denied through processes involving condemnation and rejection, the collapse of mother denial may be the most devastating to the adolescent's mind and ego. Perhaps in all cases of radical resistance, we should assume that the strength of the resistance is proportional to the amount of dissonance or pain that the mind fears would accompany a collapse of the denial.

VII. Common Child Issues That Also Affect Alienation Reactions:

A number of fairly common processes both inside the child and in the family can come into play in the alienation symptom. In fact, there probably are more than those described below. In what follows are some common child and adolescent issues that often contribute to the emergence on an alienation reaction.

A. Emotional Resonance:

This term refers to the well known fact that children (and probably all of us more than we are aware), are affected by the feelings and attitudes of those to whom we have an important attachment. Psychologists have always noticed that young children seem to have radar for the emotional climate within and between their parents. Recent brain imaging studies have even discovered that our brains have "mirror neurons" that tend to be activated by, and fire in sympathy with, the neurons in the brain of a loved one.

It is this phenomenon of the **emotional resonance** between children and their parents that all too often has been identified as the principal, if not the only, cause of the splitting reaction. I have not found this to be an adequate explanation in the majority of cases, although the feelings and attitudes of the favored parent always need to be looked at and addressed.

In fact, this dynamic of emotional resonance seems more important in dealing with younger children who are having transfer and switching reactions, and here the dominant feature seems to be the climate between the parents far more than either parent individually. My conclusion is that children are affected more by the feelings and attitudes between their parents than to either parent individually. Maybe another way to put it is this: children seem to be able to deal and cope with emotional issues in each individual parent; but they cannot cope with ongoing emotional conflict between their parents.

B. Conflict Between the Parents:

This has, so far, been the main lens through which I have looked at and interpreted the splitting/alienation reaction. This approach focuses on the stress produced in the child by the parental conflict. Just as it would stress parents if their two children were to become committed enemies, even more so it stresses children when their two parents become committed enemies. This is especially true if the child is the subject and focus of the conflict. This stress is especially acute for the only child, because there are no siblings with whom to maintain some sense of family.

We have seen how the first solution to this stress is the child's ability to just **switch** attachments, which tends eventually to increase parental conflict. As the child enters adolescence at about 11 or 12, switching becomes more difficult and stress increases, as does parental conflict. As switching fails, the child's mind, in desperation, saves itself by denying the attachment to one parent. This denial is maintained by pretending the alienated parent is totally bad, and by producing amnesia for any good memories. Once this happens, only a reduction in parental conflict along with insightful and cooperative parental interventions can help the child's mind escape this reaction.

Three things will make the reaction worse:

1. Anything that increases parental conflict, principally blaming and arguments over truth.
2. **Time:** Yes, time is the enemy. Like all denial reactions, the longer the alienation goes on, the more entrenched and hardened it becomes. The child's mind gets more and more invested in the reaction. It is harder and harder to change as time goes on. This is why waiting for the child to be ready or to choose to see the alienated parent does not work.
3. **Choice:** Approaching the reaction as a choice by the child also makes the reaction worse. Making the alienation reaction a matter of choice, instead of recognizing that it is an unconscious symptomatic reaction, tends to backfire. For the child to choose to reopen attachment to the alienated parent, it would require a complete reversal on the part of

the child's mind, along with the acknowledgement of a terrible mistake. This approach also fails to restore the necessary parental authority and hierarchy in the family. Not only is it counterproductive to approach the reaction as a matter of the child's choice, I believe it is also potentially very harmful. This will be explained later in the section *The Dangers of Choice in Alienation Reactions*".

C. An Attempt to Help the Family:

One useful way to look at adolescent reactions and symptoms in general is to see them as unconscious attempts to help the family in some way. For example, a teenager who begins to tell stories and lies might be trying to show the family, in which there is a disturbing secret going on, that "things are not the way they appear." Or, a teenager whose parents are suffering from the stress of overwork might begin letting homework and other responsibilities slide. Thus, an adolescent whose family is stressed out due to the breakdown and reversal of parental attachment (divorce and ensuing conflict) might develop a very dramatic reversal of attachment to one parent. Such a reaction would dramatize the family attachment problems and call for attention to this very disturbing state of affairs. Furthermore, the position of empowerment would be calling attention to the breakdown of parental authority in the family.

At an even deeper level, the dramatic denial and pretending involved in the alienation reaction may be trying to help the parents see that they too are engaged in massive denial maintained by demonizing the other parent.

D. Stuck Grieving:

The marital breakdown and separation represent a huge, even traumatic, loss for all family members. At the center of this is the loss of attachment (love) between the parents, the architects and leaders of the family. The task of the family is to grieve this loss and come to a peaceful acceptance of the loss, and then proceed to becoming a good separated family. This is a difficult transition and many things can go wrong. If the parents have not, or cannot, grieve and come to accept the loss of the marriage, symptoms of persistent anger/blaming, disillusionment, desperation, or sadness can occur. The child's splitting/alienation reaction could be seen as an alarm that appropriate grieving and family transition have not occurred. The parents are stuck in conflict, and the adolescent dramatizes this by siding with, or identifying with, the parent who is having the most trouble and difficulty.

E. Unfinished Business of Early Childhood:

Another key way of looking at adolescent reactions is to see them as a reworking of some unfinished emotional business of early childhood. For example, an adolescent who becomes unexplainably depressed might be

reworking a period of emotional deprivation in early childhood. Thus, an adolescent as a young child may have suffered some serious attachment trauma, for example, serious marital conflict that made life insecure or fearful; or the absence of one parent due to work or separation; or any of a number of disturbing family events. We might find such a child, now an adolescent, reacting with a strong drama of broken attachment and felt rejection. The alienation reaction may be fueled not only by recent parental conflict, but also by issues left over from early childhood. In the absence of a functional marriage, the child may have been for a long time the focus and source of all the love in the family. The child may have been the centre of parental conflict for a long time. The child may have become excessively empowered by the lack of parental attachment and cooperation. The splitting/alienation may be the child's way of talking about the family's failure to establish a functional and working hierarchical structure for attachment.

F. Empowerment and Attachment:

Attachment theorists tell us that all attachment is hierarchical—it is passed down from the top and responded to by the recipient. Attachment theorists also tell us that attachment is mediated, that is, we attach more easily when the current focus of our attachment (say mother) is positively attached to the next focus (say father). It is clear how there is a breakdown in mediating attachment in a conflicted divorce. Even very young children sense this and have transfer reactions. What is less clear is that a dysfunctional marriage and/or post-separation parental conflict can seriously disrupt the hierarchy in the family, resulting in the children becoming more and more empowered.

This issue of over empowerment of the child, in the context of attachment chaos (parental conflict), is present in many alienation cases. Sometimes the empowerment begins with each parent's fear of losing the child in the parental conflict over control. Each parent becomes afraid to cross or challenge or anger the child, for fear the child will want to go to the other parent. Once the child begins to lean one way or the other, the child's empowerment tends to be encouraged and fostered by the favored parent, who says access is all up to the child, and should be left up to the child. Child advocates often take the same approach.

However, in many areas less important to the child's development than parental attachment or family betrayal, we do not let the child choose. We require school attendance even if the child objects. We require painful medical and dental procedures. We insist on curfews and abstinence from substances we judge harmful. Yet some parents and child advocates empower the child to choose or refuse access to a good and once-loved parent. I will explain in the following section the perils I see in doing this.

G. Defensive Detachment:

Attachment theorists also talk about a process they call “defensive detachment”. This term describes a well-known process by which the human mind protects itself if its attachment to someone becomes too painful. It can happen in all close human relationships. For defensive detachment to become necessary, there must first be a close and meaningful attachment. The stronger this attachment is, the more painful it can become, and the stronger the defense that will be required. The alienation reaction, as we have seen, is indeed a very powerful denial and detachment, which would not be necessary if the target—a once-loved parent—were not very important. If there were not a strong attachment or love, a strong defensive detachment would not be necessary. There is a way that the intensely engaged conflict between the parents is resulting from an inability to appropriately detach and end the relationship.

H. Connection with Other Issues of Adolescent Development:

There are a number of common, normal reactions that children have as they enter adolescence. In a stressed divorced family, these reactions can easily lead to an escalation of parental conflict. The increased conflict, in turn, can lead to a splitting/alienation reaction. It is important to keep in mind that these normal reactions do not constitute splitting or alienation, even though they may include resistance to access to one parent. A true alienation reaction must include four essential elements: an adamant refusal of access, an absence of guilt or anguish, amnesia for any good memories or experiences, and an exaggerated demonization or fear of the alienated parent. If these elements are not present, the parents simply need help to manage in a cooperative way the following normal reactions of early adolescence.

Early adolescence often entails some **emotional separation from mother**. The child is required by nature to make a transition from being mother’s little boy or girl to being more grown up (adolescent). This change can be stressful for both the child and the mother. Sometimes a symptomatic (unconscious) solution emerges, wherein the child becomes increasingly negative and argumentative toward mother, who responds with equal confrontation. In a stressed divorced family, mother’s normal difficulty is amplified by fear that she is losing her grip on the child, who may decide to go to father. A very negative pattern develops, often interspersed with periods of closeness and regression. It gives the child the illusion of growing up, while not actually doing so. There is still an intense engagement with mother, but now it is often negative, giving the illusion of more independence. In a married family, it is easy for father to step in, support mother, and help the child to find more appropriate and real ways of becoming more mature. In a stressed or conflicted divorced family, the

child's complaints to father about mother can easily result not in support for mother and help for the child, but rather in escalating conflict between the parents. This can rather quickly proceed to a splitting reaction, as each parent blames the other for the child's reactions.

Another common way for a child's mind to deal with the stress of growing up and the required change in dependence on mother is to **resist going to father**. The child becomes increasingly negative toward and avoidant of father, who represents growing up, separation from mother, and advancement toward the adult world. In so doing, the child elicits the sympathy of mother, who wants to comfort her child and make things easier, and who feels that father is too hard on the child. In a married family, this leads to marital stress until the couple discovers, often in counseling, the real nature of the problem: namely, the child's reaction to a difficult transition in life, made more challenging by the marital stress. The parents begin to support each other and the child is helped to make the transition. In a divorced family, the child's reactions can lead to escalating parental conflict, as each parent blames the other for the problem. Attendance on a professional skilled in both conflict management and child dynamics is often required to prevent this situation from progressing to a splitting reaction.

Another normal stress of early adolescence is that of **disillusionment with parents**. This is difficult enough even in the best of times, within a married family with parents who have only normal flaws. If we add to the normal challenge events like a messy separation, parental emotional upheaval of all sorts, an affair by one parent, the taking of a new partner soon after separation, the stress of a blended family, and so on, the adolescent can become disillusioned in an overwhelming way. The child, whose childhood and world have been turned upside down, can become very angry at one parent or the other. The child can have strong feelings of being betrayed and let down, so much so that the child may begin to boycott or resist seeing one parent. The resisted parent often blames the other parent, who may well be sympathetic with the child and the child's reaction. Here again, conflict escalates, and no one pays attention to the profound crisis in the child.

As adolescents of all ages struggle with growing up, with disillusionment in the adult world, and with developing their own identity, it is common to come into **conflict with their father**. This is because fathers represent authority, growing up, self definition, and adult responsibility. In some families where father has been the stronger parent, the divorce represents for the child a failure in his management. The child feels that father, the strong one, the one everybody depended on, (especially mother who is now devastated), should have found a way to prevent this disaster. The

child is angry at father and wants to help mother. Again, such a reaction can easily inflame parental conflict. The father fears losing his child and blames mother for this. Mother is sympathetic to the child's anger and blames father.

It should be clear from the foregoing that normal adolescent stresses and challenges, in the context of a conflicted divorce, can easily lead to escalating parental conflict. As conflict becomes more and more intense around the child's reactions and difficulties, a splitting/alienation reaction can occur. These problems are best dealt with before they reach this point.

I. Telling a Story That Must Be Told:

Like all psychological symptoms, the splitting/alienation reaction can be seen as the human mind trying to tell a story that must be told. In addition to all the other more obvious factors already discussed, the reaction is often telling a story about attachment problems that go way back in the child's life. Such children have often been conceived in, born in, and grown up in a marriage that was not really working and had underlying attachment (love) problems. Often this was hidden. Sometimes it was not. But the reality in the family was that the child was the principal repository of love. Conflict or dysfunction in the marriage, even if carefully hidden, intimately affected the child. Marital problems were the underlying pain in the child's environment. Inevitably these problems would have led to unresolved, perhaps denied, parental conflict about the child. Even if hidden and controlled, it finally erupted into enough pain that the marriage ended and an intensely conflicted divorce followed. And this conflict definitely became focused overtly on the child. First the child was the focus of love in the family. Then the child became the focus of conflict. In both cases, the child was the most powerful person in the family.

The child's alienation reaction can be seen as a very dramatic statement that attachment in this family had problems at its core, and that this situation has involved the child in some way for a long time. The denial and pretending processes going on in the child may be showing that denial and pretending are the family's way of dealing with attachment pain. In the drama, each parent demonizes the other, and the child demonizes one parent.

When there have been traumas in the family, like the death of a child, very powerful, even if hidden, forces can be at work. Or if the conflict between the parents involved sexual issues or sexual acting out (affairs), this too can be a story of disturbed attachment in the family that must be told. The alienation reaction is often telling a story that the adolescent's mind feels must be told.

VIII. The Dangers of Choice in Alienation/Splitting Reactions for Children in High-conflict Divorced Families

I have argued that in treating alienation reactions in children (usually adolescents) we should remove choice about access from them. This was based on the notion that the alienation is a **symptomatic reaction**: i.e., that it occurred without real choice. It happened to the child, as an originally unconscious reaction to the intolerable stress of parental conflict. It was the child's reaction to love, decency, respect, and authority having gone totally awry in the family. Thus, any solution must not rely on choice, but rather on remedying the conditions that produced the reaction. In fact, I have gone further and said that even implying choice—either as the origin of the alienation or as the solution—runs grave risks to the emotional development of the child. The following discusses my reasons for this.

Any challenge to adolescents' alienation reactions, as well as any sense of lessened control over their lives, is stressful and resisted. There are those who argue that we should not put children through this. In clinical terms, this argument relies on the fact that the alienation/splitting reaction, like most psychological symptoms, represents a solution to a very difficult trauma or dilemma; namely, the stress and trauma of a very conflicted divorce and extremely polarized parental realities, where love, respect, and authority have vanished. The solution works: the children escape their bind; their world is simplified; and they are happier and often more successful. The symptom is maintained, as necessary, by demonizing the alienated parent and by adopting the reality of the favored parent. And so, it is argued, why not let it be: wait for the child to decide to see the parent, and try to comfort the alienated parent that accepting the agonizing loss of his or her child(ren) is at least allowing them less stressful, and maybe more successful, adolescent lives.

While sometimes resorting to this argument is all that can be done, I have deep human and philosophical problems with it. While the alienation reaction does solve some huge problems, it does so, (if it is a choice), through a process of betraying a bond and rejecting a parent. Not only that, the need for this betrayal arises out of war-like conflict in the family, serious distortions, demonization, and even hatred. We all know about the effects of such processes in other areas, and they are not good.

We know the agony, guilt and turmoil that remain in the human psyche from such processes in their most dramatic form. For example, in wars (where each side demonizes the other), victims are often stressed (tortured) into betraying loved ones. Those who do betray, in order to stop the pain, are left with agonizing issues to deal with after they survive. Their torment can be helped, especially if they are young or impressionable, by developing a belief that the betrayed loved one was

actually not good or loveable to begin with. Demonizing the loved one, and adopting the position and arguments of that side of the war, will help keep torment and guilt away. But I fear the scar remains like a cancer in the soul. The denial and pretending will eventually collapse. It is a solution born of denying pain, through processes of distortion, demonization, and hatred. No amount of keeping guilt at bay by demonizing the betrayed one will make this healthy or good. Nor can it last forever. Like all denial, it will collapse at some point.

Another analogy, closer to home, also occurs to me. Imagine if a parent had two children and was forced by the authorities to choose one and reject the other. The Nazis actually did this to parents entering the camps with two children. No subsequent rationalization would ever effectively relieve that parent of the agony and torment about the betrayed child. Or, imagine a parent with two children who hated each other, were in constant conflict, continually put the parent in a bind, and made family life a stressful, crazy-making nightmare, with no love or respect. Then, in desperation, the parent decides that one child must go. The parent would choose the child he or she felt was most able to withstand the betrayal and rejection. It would probably be the bigger and stronger child. Subsequently, no amount of blaming and even demonizing that child would successfully resolve the inner agony of that parent.

Since I see children as human persons, and since I believe that parent-child relationships are reciprocal and symmetrical, I have great misgivings about the long-term effects of alienation reactions, especially if they are perceived to be a matter of choice. In fact, the denial and pretending processes are intensely maintained precisely because the child would automatically feel guilt and shame if they collapsed. We should not add to this by maintaining that the dreadful behaviour of the alienated child is indeed a matter of choice. It is like the sexually abused child, whose mind represses and forgets the experience. When this repression eventually fails, the victim feels guilt and shame, not only for what happened but also for suppressing it and not telling.

There is recent research confirming long-term detrimental effects of the alienation reaction. This is not surprising. I have seen in my own practice adults scarred by such processes in their childhoods.

For those who entertain doubts about my take on this, we could look at the problem another way—as a matter of risk management, or choosing the safest course of action. If we require access, and it is in fact wrong to assume long-term inner problems as a consequence of the alienation/splitting reaction, what do we risk for the children? We risk putting them unnecessarily through a stressful process they do not like, along with some inconveniences and hassles they would prefer to avoid. This is not a very big risk. The adult and parental world does this routinely to children, with no significant long-term adverse effects. We require school attendance, medical tests, curfews, safety precautions that seem absurd to

teenagers, and any number of other hassles and responsibilities. Adolescents seem equal to this and are not harmed by it, even though they may protest vehemently. And we must not forget that viable and felt relationships with both a father and a mother are certainly as important as education and medical treatment for children's successful development.

If, on the other hand, I am right, and my analogies do in fact apply, then we are risking very great damage indeed by permitting or supporting the alienation and refusal of access as a matter of the child's choice. Clearly, the safest and less risky course is to be sure that we do not expose children to such great long-term dangers. We forbid children alcohol and tobacco, in spite of their protest and insistence that these do no harm, precisely because we know the potential dangers. We cannot say for sure that their health or adjustment will be damaged, but we know that it is risky enough to warrant action in spite of their protests.

I have written the above in the hope that it will be helpful to those who are called upon to deal with alienation/splitting problems. Therapists and child advocates often need to decide whether it is best to require and enforce a very difficult and stressful course of action for such children, or whether to wait for the children to choose access, or whether to allow their alienation/splitting reaction to proceed to a termination of their relationship with one parent, usually their father.

The question, really, is one of cost vs. benefit. If we require access, the cost side contains the obvious inconvenience, stress, very difficult work in the face of strong resistance, and sometimes instituting a very divided life. The benefit is both in the present and in the long term. Maintained contact, against the child's apparent choice, not only preserves an important parental relationship; it also hopefully prevents the long-term consequences of allowing betrayal and rejection to take root. It is reasonable to suspect that the detrimental long-term consequences are probably proportional to the degree of distortion, demonization and hatred that gave rise to and maintained the alienation. There is a wealth of data about the risks to children of not having an involved and beneficial relationship with either a father or a mother. Therapists and child advocates will need to weigh these issues.

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