

Family Separation Clinic

Parental Alienation



Family
Separation
Clinic

April 2015

The concept of the alienated child was introduced by Canadian Psychologists Kelly and Johnstone (2001) who reworked some of Gardener's (1985) original analysis of *Parental Alienation Syndrome*. In the intervening years, the phenomenon of the alienated child has become more familiar to professionals working in the field of divorce and separation. Courts and practitioners concerned with management of cases in court, are more regularly dealing with children who express a desire to end a relationship with a parent. Children whose wishes and feelings are expressed clearly and unequivocally, sometimes from a very young age, may present dilemmas for the practitioner lacking experience in this field. With the emphasis being placed increasingly upon the importance of hearing the voice of the child, understanding the deeper narrative of the separated family as it is presented by a child's refusal, can throw up powerful challenges.

In the UK, the courts preference when working with these cases has been to use the term implacable hostility to describe a set of behaviours in a parent which has led to a child refusing to have a relationship with a once loved parent. Judgements in the UK in recent years however have ensured that the issue of parental alienation can be considered to be 'mainstream' (Bellamy EWCA CIV 291).

According to Kelly (2010), The problem of alienation in a child, is a reaction to conflict, the roots of which usually stem from unresolved issues in the relationship experienced by one parent or both parents, sometimes even before the separation. Whilst many parents may be hostile to children's relationships with their other parent, not all children succumb to the pressure that this places upon them. Children who become alienated from a parent however are likely to have at least one implacably hostile parent or parents who are in conflict.

The voice of the child in such a family system, is one which must be listened to with great care, because it is often what is not being said as much as what is being said which gives away the reality of the awful dilemma that the child faces. (Baker et al 2013). This dilemma, to choose to lose one parent and keep the other, is the reality for some

children who live through family separation and the way in which this 'choice' is forced upon them forms the basis of a range of behaviours which can be said to be alienating of the other parent.

Children who are in an alienated position or who are at risk of this are very likely to want someone to intervene on their behalf (Baker 2012). Placed in control of a family system which is already broken, these children are in serious danger of being further abused by those who are trying to help, especially if those people are unable to break the bind that the child is facing (Gottlieb 2012). Intervening in such family systems therefore becomes a matter of ensuring that the work that is done with the family as a whole, alleviates rather entrenches the problem and matches it with a treatment route which has the best chances of success. Differentiation of the dynamics in a family system is the biggest step to achieving this.

Differentiating between the child who displays an alienation reaction because of the conflicted dynamics around them, from a child who is in the care of an implacably hostile or alienating parent is a key task for practitioners working with these families. Separating out further, those children who are rejecting a parent because of reasons that are measurable or justified is also an important part of devising and delivering treatment routes

When an alienation reaction is complete the child will present in ways that demonstrate that they have split their feelings for each of their parents into two stark and distinct positions. For one parent they feel only profound love, for the other a deep hatred and sometimes fear. These feelings are very real to children, who experience them as being based upon 'facts' that they will repeat to observers and which, when challenged, may escalate (Gottlieb 2012). Underneath, however, the child has utilised a coping mechanism which has enabled them to withdraw from the intolerable position of having to relate to two parents who are either in conflict with each other or who are in a conflicted position created by one parent determination to get rid of the other.

In this regard, all children who are in an alienated position are extremely vulnerable both in emotional and psychological terms and are signalling that something is wrong in the family system. Children who are displaying the signs of alienation, may also be showing signs of attachment disorder, the reflexive support for a parent often being related to *parentification* in which a child is compelled to take care of a parent. This phenomenon was also called *spousification* by Minuchin (2004) and can create conditions in which the child is elevated to the top of the family attachment hierarchy (Kerns and Richardson 2005) by a parent and given the choice and the responsibility for taking care of the parent by rejecting the other.

Practitioners who are confronted by a child who is

displaying signs of alienation, especially where the child is expressing concern for the well being of the aligned parent, should be on the look out for role reversal which is denoted by *parentification* and *spousification*. Where this appears to be present, systematic assessment of the family should be undertaken. Fixed views from an aligned parent, projection of blame and an insistence that a child is making their own decisions are all signs that a child who is displaying the signs of alienation may be trapped in a conflict of loyalty to the aligned parent.

Work at the Family Separation Clinic is focused upon the combination of differentiation of alienation, identifying which and the delivery of combined treatment routes to liberate children from the problem. Utilising a combination of specialised family therapy and therapeutic mediation, with additional elements of parenting co-ordination, *hybrid* cases (Bala 2012) are being treated with some success. *Pure* cases, where parents have personality disorders are being supported through Therapeutic Bridging Programmes, which are convened to support a change of residence and where alienation is determined to be *Pure* and conscious, suspended residence transfers are being supported with education, parenting coordination and family systems therapy approaches. All of these combinations of treatments are designed individually after depth assessment and all are convened in ways that offer the maximum benefit for the children concerned.

References:

- Baker et al (2013) Working with alienated children and families. New York and London: Routledge.
- Bellamy HHJ. EWCA CIV 291 (Re: S) a child.
- Fidler, B.J., Bala, N. and Saini, M.A. (2013) Children Who Resist Postseparation Parental Contact: A Differential Approach for Legal and Mental Health Professionals. OUP, Oxford.
- Gardner, R.A. (1985). Recent trends in divorce and custody litigation. *Academy Forum*, 29 (2), 3-7.
- Gottlieb J Linda (2012) The parental Alienation Syndrome. Illinois: Charles Thomas.
- Kelly J (2010) Interview with – in Fidler et al (2012) Children who resist Post Separation Contact London Oxford University Press page 5
- Kelly and Johnstone. (July 2001). The Alienated Child: A reformulation of Parental Alienation Syndrome. *FamilyCourt Review*. 39 (3), 249.
- Minuchin, S. & Fishman, H. C. (2004). *Family Therapy Techniques*. Harvard University Press: Cambridge.