

When the child says no: Understanding and responding to the needs of the alienated child

Nick Woodall and Karen Woodall

Whilst there is no legal definition in England and Wales, the term *parental alienation* has legal meaning as a result of case law. For example, in 2010, HHJ Bellamy (sitting as a deputy High Court Judge) ruled that, 'the concept of alienation as a feature of some high conflict parental disputes may today be regarded as mainstream' (Re S (Transfer of Residence) [2010] 1 FLR 1785) and, most recently, The Honourable Mr Justice Keehan, sitting in the High Court, said, 'parental alienation is very harmful to a child. It skews the child's ability to form any and all sorts of relationships and is not limited to the failed relationship with the other parent' Re H (Parental Alienation) [2019] EWHC 2723 (Fam).

In the field of psychology, parental alienation has been recognised for many decades. As early as the 1940s, Wilhelm Reich, in his exposition of what he termed 'emotional plague' used, by way of example, one divorcing parent engaged in denigrating behaviour as 'a means of alienating the child' from the other parent (1990, p. 521). Contemporary theoretical perspectives and debates around parental alienation, however, are typically traced back to an article published in the journal of the American Academy of Psychoanalysis and Dynamic Psychiatry that described 'conscious (...) subconscious and unconscious factors within one parent that contribute to a child's alienation' from their other parent (Gardner, 1985, p.3).

In their theoretical reformulation of parental alienation, in 2001, Kelly and Johnston argued that it was not a syndrome or a mental disorder of the child and introduced the idea of the 'alienated child.' Most recently, the World Health Organisation (2019) has included the term parental alienation as a search and index term for QE52.1 (Loss of love relationship in childhood: Loss of an emotionally close relationship, such as of a parent, a sibling, a very special friend or a loved pet, by death or permanent departure or rejection) in the latest edition of the International Classification of Diseases. At the Family Separation Clinic, we conceptualise parental alienation as being the 'spectrum problem of induced defensive splitting in a child that, typically, occurs within the context of a divorce or family separation and which causes the child to pathologically align with one of their parents, rendering them vulnerable to that parent's intra-psychic conflicts and defences' (Woodall & Woodall, 2019).

Cases of parental alienation typically present themselves to practitioners in the arena of private child 'custody' proceedings, often because a child is resisting or refusing to spend time with one of their parents. The risk is that these cases are treated as 'contact' disputes or the result of conflict between parents. In fact, they are neither. Whilst the problem of parental alienation appears to be the child's rejection of one of their parents, in reality the rejection is not the cause of the problem but is, rather, a

symptom of the child's pathological alignment to the other parent. Rather than being a child custody issue, parental alienation is a mental health problem that can result in significant and lasting harm to the child (for example, Baker, 2005; Novković, Buljan Flander & Hercigonja, 2012; v Boch-Galhau, 2018). It is for this reason that child protection approaches must be built into both the assessment and treatment of these cases.

Parental alienation should be recognised as an attachment disturbance. An attachment bond serves to provide a child with a safe haven in which the child can rely on his or her primary caregivers for comfort at times whenever she or he feels threatened, frightened or in danger. It also provides the child with a secure base that offers the child a foundation from which she or he can develop their own coping skills. In the early part of their lives, infants will maintain physical proximity to their attachment figures. However, over time, the child will begin to explore the world around them but return to proximity with the nearest or preferred attachment figure if things go wrong or if they feel insecure or threatened. Typically, children will become unhappy and sorrowful when they become separated from a caregiver. In response to the attentiveness and quality of the care that our parents provide, each of us develops a somewhat different attachment style (Howe, 2011).

The attachment process may be considered to be an evolutionary imperative. As Bowlby (1988, p. 135) explains, 'attachment theory emphasizes (...) the primary status and biological function of intimate emotional bonds between individuals, the making and maintaining of which are postulated to be controlled by a cybernetic system situated within the central nervous system, utilizing working models of self and attachment figure in relationship with each other.' Our early attachment experiences provide us with a template that shapes and colours our experiences of our relational world throughout our lives. Some are more effective and stable than others. Nevertheless, 'regardless of the quality of the parent-child relationship, children are biologically hard-wired to form and maintain an attachment relationship with their caregivers' (Baker, Creegan, Quinones & Rozelle, 2016). In other words, a parent does not need to do anything special for a child to attach to them; the child is evolutionarily predisposed to do so.

In an intact family, children have a separate and unique attachment bond to each of their parents, as well as a unified attachment to both of them within the family system. This is likely to extend to wider family members such as grandparents, aunts and uncles. Children generally experience movement between these attachment figures as fluid and attachment transitions tend to be easy and comfortable. However, when their parents separate, children must find a way to retain their individual attachment bonds with each parent but in a fractured relational environment. Whilst all children will feel some emotional discomfort when they are making the psychological transition from being in the care of one parent to being in the care of the other, most will be able to find a way to manage it; we call this crossing the 'transition bridge' (Woodall & Woodall, 2017). However, children who experience pressure in their inter and intra-psychic experience of the post-separation environment, may find it impossible to make the psychological transition between one parent and the other. It is in this space that an alienation reaction may develop. However, it is important to recognise that an alienation reaction signals dysfunction in the child's relationship, not with the rejected parent, but in the

relationship with the aligned parent. An alienation reaction is, fundamentally, the result of a pathological alignment to one of their parents.

This raises the question about what it is that causes a child to pathologically align to one parent at the expense of the other. At the Family Separation Clinic, we consider that the answer lies in the attachment threat that the child experiences in the shadow of that aligned parent's behaviours. At the heart of this response is the child's felt experience that it is not acceptable to maintain a relationship with their other parent. These messages are sometimes overt – what Baker and Eichler (2016) would describe as 'strategies' - but are, also, very often rooted in the inter-psychic relationship between the child and the parent that they become aligned to; these have often been present in the pre-separation family relationships. Children in these circumstances will have an unconscious awareness of the power dynamics between their parents. These dynamics are established through the inter-personal relationship between the parents, entrenched behavioural patterns, overt and covert patterns of coercive control and unregulated emotional affect. Critical to the development of an alienation reaction is the child's unconscious, existential terror of abandonment.

Overt strategies may include making a child believe they have been abused or abandoned, making the child feel that they are unsafe in the other parent's care, devaluing the role of the other parent, involving the child in a hostile narrative about the other parent and their wider family, involving the child in things about the adult relationship and encouraging the child to make false or fabricated allegations. Messages that are transmitted in the inter-psychic relationship between the child and the aligned parent include emotional shunning and abandonment threat, unpredictable and unregulated anger or terrorisation of the child, emotional dysregulation and psychological decompensation, or creating anxiety in a child by being overly anxious or emotional each time the child is due to see the rejected parent. Role corruption can be another significant factor in the development of an alienation reaction in a child.

Indeed, role corruption is a common feature of cases in which children have pathologically split after family separation. These are often highly enmeshed parent-child relationships in which the child has become *parentified* (for example, Boszormenyi-Nagy & Spark, 1973), and serves as a caregiver to their parent, or *spousified* (for example, Minuchin, 1974), and serves as a primary source of emotional intimacy for the parent. Johnston, Walters & Olesen (2005, p. 191) argue that, 'parents who were alienating were also those who had poor boundaries and engaged in role reversal with their children,' noting that 'they had difficulty distinguishing their own feelings from those of their child, and the child often became the parent's confidante, comforting and admonishing other family members, thus assuming an inappropriate executive or parenting role in the family.' Whilst Kerig (2005, p. 13) notes that, 'unlike overt forms of emotional abuse, such as denigration or terrorization of the child, boundary dissolution takes more covert forms that may be veiled under a guise of parental solicitude, effusive warmth, and camaraderie,' warning that boundary violation 'is the defining feature of childhood psychopathology' (*ibid*).

Other frequent features in alienation cases can be the transmission of unresolved transgenerational trauma such as configurations of Haley's perverse triangle (1977) in which an unresolved trauma, such as childhood sexual abuse, manifests itself in the present-day family dynamics. In such cases, dissociated from their own childhood trauma, the drama of the family separation causes the aligned parent to unconsciously

project their own unresolved trauma onto the child as though the child, itself, was being abused. This enables the parent to assume the role of rescuer to the child victim, placing the rejected parent in the position of the child's abuser. In such circumstances, the aligned parent maintains a delusional belief in order to psychologically defend themselves against the trauma they suffered in the past and can draw the child into a shared encapsulated delusional belief as a way of validating and upholding the defence.

Complex personality profiles and personality disorders are also common in the most severe cases of alienation. These include Narcissistic Personality Disorder, Borderline (Emotionally Unstable) Personality Disorder, Histrionic Personality Disorder, Paranoid Personality Disorder, Obsessive Compulsive Disorder, Sociopathic Personality Disorder; as well as issues like intrusive parenting. Psychoanalytic concepts, such as Ferenczi's identification with the aggressor that identifies that, in the face of a threatening or out of control parent, children are compelled to 'subordinate themselves like automata to the will of the aggressor' (1949, p. 227), 'actively teaching the child to invalidate his or her own experiences by making it necessary for the child to scan the environment for cues about how to act and feel' (Linehan & Koerner, 1993) can also help illuminate the child's rejecting behaviour.

The underlying feature in all children who are refusing to see a parent without justification is pathological splitting. Splitting refers to the unconscious failure to integrate aspects of self or others into a unified whole. It is an infantile defence mechanism (for example, Klien, 1946; Winnicott, 1989) that helps a child to make sense of the world around them and protects them from irreconcilable feelings. Faced with the overwhelmingly contradictory and unmanageable experience of recognising that to ameliorate the behaviours of one parent they must reject the other, the child splits off the powerless and vulnerable aspect of the self as a separate object representation. This inability to hold an integrated sense of self is then projected outward and manifests itself as a secondary split in which one parent becomes the embodiment of everything that is nurturing and good and the other parent the embodiment of everything that is threatening and bad. Utilising Rohner's Parental Acceptance-Rejection Questionnaire (2005), research carried out by Bernet, Gregory, Reay and Rohner (2017), strongly suggested that 'severely alienated children engaged in a high level of splitting,' but that 'splitting was not manifested by the children in other family groups' such as those living in intact families, children of divorced parents who continued to see both parents on a regular basis, and neglected children of divorced parents who lived with their mothers and rarely or never saw their fathers. Ruppert, (2011) notes that, whilst pathological splitting may bring temporary relief for the child, it carries the potential for serious and lasting psychological harm.

At the Family Separation Clinic, our differential assessment process seeks, through clinical observation, to identify the severity of splitting reaction in the child and to ascertain whether it is fixed or responsive to environmental change. We also work to understand the dynamics that have caused the child to split through an assessment of factors such as patterns of power and control in the family, the presence of unresolved trauma and signs of personality disorder, attachment issues in the parents and through adapted Internal Family Systems analysis. It should be noted that there are no specific parental behaviours that lead to what may be termed a 'justified rejection;' alienation is identified through the presence or otherwise of induced psychological splitting.

What may be considered to be *traditional* therapies have been shown to be contraindicated in alienation cases. Analysis based on 1,000 cases, undertaken by Clawar & Rivlin (2013), identified that 'even under court order, traditional therapies are of little, if any, benefit in regard to treating this form of child abuse' and Fidler, Bala and Saini (2013) argue that 'therapy in more severe cases, which may include some moderate cases, may be associated with the alienation becoming more entrenched.' Critically, Andritzky (2002) notes that 'there are no reports of successful treatment of mild/medium level [alienation] that do not include the re-establishment of contact between child and alienated parent.'

Using from a child protection approach, the Family Separation Clinic seeks to understand the unique dynamics of each case. Where alienation is identified, we utilise a legal and mental health interlock (in which the legal intervention deals with the power and control element through the threat of sanction and the mental health intervention deals with the issue within the family) to produce the conditions in which dynamic change for the child becomes possible, and implement a structured intervention based on immediate relief of splitting in the child. This typically involves an immediate reconnection with the rejected parent through *in situ* therapeutic interventions where possible or, where determined by the court, a change of residence with a therapeutic bridging plan. This approach seeks protect the child as a matter of priority by constraining the alienating parent's behaviours, where possible, or protecting the child from the source of harm where constraint is not possible. Further, it always seeks to protect the child's right to a relationship with both parents and supports a permanent resolution of child's defensive splitting.

Ultimately, in alienation cases, the courts, mental health practitioners and others have to be prepared to override the child's *wishes and feelings* in order to meet the child's needs. As Warshak (2003) argues, 'children align themselves with the parent they most fear, or the parent they regard as most unstable (...) although these children may be outspoken in their custodial preferences, their wishes may not reflect their genuine best interests (...) Giving children's wishes and feelings paramount weight in determining the outcome of such cases burdens children with the terrible responsibility and impossible task of managing the adult world around them.'

Nick Woodall is a psychodynamic psychotherapist and has worked with separated families since 1999. In addition to his therapeutic work with alienated families, Nick is an expert witness in the UK family courts and trains practitioners around the world. He has worked extensively on family policy, developing new services for the UK government. A former BBC Online parenting expert and writer, he is the co-author of *Understanding Parental Alienation: Learning to cope, helping to heal* (Charles C Thomas, 2017) and *The Guide for Separated Parents: Putting Children First* (Piatkus, 2007).

Karen Woodall is a highly experienced psychotherapist who has worked with separated families since 1991. She is currently studying for a Ph.D. Using internationally accepted standards and protocols, Karen has developed new ways of working with alienated children and is now widely regarded as one of the foremost experts in the field. Her influential blog has a worldwide readership.

She is the co-author of *Understanding Parental Alienation: Learning to Cope, Helping to Heal* (Charles C Thomas 2017) and *The Guide for Separated Parents* (Piatkus 2007).

References:

Andritzky, W. (2002). Behavioural patterns and personality structure of alienating parents. In W. v Boch-Galhau, U. Kodjoe, W. Andritzky & P. Koeppel (Eds.), *The parental alienation syndrome (PAS): An interdisciplinary challenge for professionals involved in divorce* (pp. 283-314). Berlin: Verlag für Wissenschaft und Bildung.

Baker, A.J.L. (2005). The Long-Term Effects of Parental Alienation on Adult Children: A Qualitative Research Study. *The American Journal of Family Therapy*, 33:289–302

Baker, A. J. L., Creegan, A., Quinones, A. & Rozelle, L. (2016). Foster children's views of their birth parents: A review of the literature. *Children and Youth Services Review*, 67, 177-183.

Baker, A. J. L. & Eichler, A. (2016). The linkage between parental alienation behaviors and child alienation. *Journal of Divorce & Remarriage*, 57:7, 475-484.

Bernet, W., Gregory, N., Reay, K. M. and Rohner, R. P. (2017). An Objective Measure of Splitting in Parental Alienation: The Parental Acceptance–Rejection Questionnaire. *Journal of Forensic Sciences*, 63(3):776-783.

v Boch-Galhau, W. (2018). Parental alienation: A serious form of psychological child abuse. *Mental Health and Family Medicine*, 13, 725-739

Boszormenyi-Nagy, I., & Spark, G. (1973). *Invisible loyalties: Reciprocity in intergenerational family therapy*. Hagerstown, MD: Harper & Row.

Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. Hove: Brunner-Routledge.

Clawar, S. S. & Rivlin, B. V. (2013). *Children held hostage: Identifying brainwashed children, presenting a case, and crafting solutions* (2nd Edition). Chicago, IL: American Bar Association.

Ferenczi, S. (1949). Confusion of the tongues between the adults and the child (The Language of Tenderness and of Passion). *International Journal of Psycho-Analysis*, 30:225-230.

- Fidler, B. J., Bala, N., & Saini, M. A. (2013). *Children who resist postseparation parental contact: A differential approach for legal and mental health professionals*. New York, NY: Oxford University Press.
- Gardner, R. A. (1985). Recent trends in divorce and custody litigation. *Academy Forum*, 29(2), 3–7.
- Haley, J. (1977). Toward a theory of pathological systems. In P. Watzlawick & J. Weakland (Eds.), *The interactional view* (pp. 31-48). New York: Norton.
- Howe, D. (2011). *Attachment across the lifecourse: A brief introduction*. London: Palgrave.
- Johnston, J. R., Walters, M. G., & Olesen, N. W. (2005). Is it alienating parenting, role reversal or child abuse?: A study of children's rejection of a parent in child custody disputes. *Journal of Emotional Abuse*, 5(4), 191–218.
- Kelly, J. B., & Johnston, J. R. (2001). The alienated child: A reformulation of parental alienation syndrome. *Family Court Review*, 39, 249–266.
- Kerig, P. K. (2005). *Implications of parent-child boundary dissolution for developmental psychopathology: Who is the parent and who is the child?* New York: Haworth Press.
- Klein, M. (1946). Notes on Some Schizoid Mechanisms. *Int. J. Psycho-Anal.*, 27:99-110.
- Linehan, M. M., & Koerner, K. (1993). Behavioral theory of borderline personality disorder. In J. Paris (Ed.), *Borderline personality disorder: Etiology and treatment* (pp. 103-121). Washington, D.C.: American Psychiatric Press.
- Minuchin, S. (1974). *Families and family therapy*. Cambridge MA: Harvard University Press.
- Novković, V., Buljan Flander, G. & Hercigonja, D. (2012). Parental manipulation with children as a form of emotional abuse. 40. 151-156.
- Reich, W. (1990). *Character analysis* (3rd ed.). New York: Farrar, Straus and Giroux.
- Rohner, R. P. (2005). Parental Acceptance-Rejection Questionnaire (PARQ): Test manual. In R. P. Rohner & A. Khaleque (Eds.) *Handbook for the study of parental acceptance and rejection*, 4th ed. (pp. 43-106). Storrs, CT: Rohner Research Publications.
- Ruppert, F. (2011). *Splits in the soul: Integrating traumatic experiences*. Steyning: Green Balloon Publishing.
- Warshak, R.A. (2003). Payoffs and pitfalls of listening to children. *Family Relations*, 52, 373-384.

Winnicott, D. W. (1989). The Concept of Trauma. In C. Winnicott, R. Shepard, and M. David (eds.), *Psycho-Analytic Explorations*, pp 130-148, MA; Harvard University Press.

Woodall, K. & Woodall, N. (2017). *Understanding parental alienation: Learning to cope, helping to heal*. Springfield IL: Charles C Thomas.

Woodall, N. & Woodall, K. (2019, July). Working with post-separation induced psychological splitting in children. Paper presented at the Association of Youth & Family Judges and Specialists, and Zagreb Child and Youth Protection Centre seminar at the Teaching Institute for Public Health, Zagreb.

World Health Organization. (2019). ICD-11 for mortality and morbidity statistics. Retrieved November 2, 2019, from <https://icd.who.int/dev11/l-m/en/http%3a%2f%2fid.who.int%2fid%2fentity%2f181823991>