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## Developing New Approaches to Therapeutic Work with Alienated Children and Families

**Activity-based therapies hold great promise for healing alienation.**

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IT IS WELL KNOWN in this field that generic therapies fail alienated children and families and that adapted therapies that fit the dynamic are those that demonstrate clear resolution of the psychological splitting that underpins parental alienation (Clawar & Rivlin, 2013; Miller, 2013; Gottlieb, 2017; Fidler & Ward, 2017). When practitioners work with this vulnerable group of families, therefore, it is incumbent upon us to ensure that the preferred models of intervention are those that are adapted to fit their needs. To do otherwise is to risk further harming already abused children and parents.

One of the biggest mistakes that can be made in working with alienated children is to expect them to respond to therapy that is delivered in a standard way. In normal circumstances, therapists asking children to talk about their feelings will seek to build a therapeutic alliance with the child in which the child's feelings are regarded as coming from an undefended place.

In parental alienation, however, the child's feelings are coming from a maladapted position in which the authentic feelings held by the child are hidden behind a defensive split. This defensive split arises when the child faces an impossible dilemma caused by pressure placed upon him or her in the family system via a pathological alignment with a parent.

This means that asking the child how they feel in therapeutic work will simply elicit defensive responses. Given that the child is using a narrative that has been transmitted to him or her through a pathological alignment, approaching therapy in this way will simply entrench the problem and heighten the fusion.

### Doing instead of talking

Therapies that work with alienated children focus on *doing* something rather than *talking*. Weekly therapy in an office is not useful for these families, but active therapies, some of which involve animals such as dogs or horses, work well. The purpose of this is to bypass the split state of mind in the child in circumstances that allow the child to encounter the rejected parent in an environment that enables the child to enter into unconscious play. When a child encounters a parent he or she is rejecting in these circumstances, the potential for spontaneous reconnection is dramatically improved because the defensive splitting is reduced and the authentic feelings can emerge.

Successful therapies are those in which the child is helped to encounter the rejected parent as early as possible in the process. Waiting for an alienated child to say he or she is ready to see a parent is futile. Persuasion or desensitization approaches simply re-expose the child to the dilemma of the double bind the child faces. In these circumstances, the defense is heightened and the child remains fixed and refusing.

Adapted therapies that resolve the projected good parent/bad parent split, by enabling the child to spend time with the rejected parent, use proximity to the parent to trigger the awakening of the attachment relationship. In such circumstances, the integration of the splitting will often occur rapidly.

### Proper structure

Therapists working in this environment should be aware of the necessity to ensure that all work is properly structured and tied back to the legal process. It is highly risky to both the child and rejected parent to attempt this work outside of a strong framework. Practitioners who attempt this will often find themselves complained about, or worse, will become entangled in a series of he said/she said arguments that prevent any forward movement towards reconnection of the child to the parent who is being rejected.

In this space there is a great deal of opportunity to adapt existing models of therapy to fit the needs of the families involved. When practitioners understand that a child utilizes psychological splitting in a situation that is impossible for the child to resolve alone, therapists are more ready to identify the way in which this is induced and intervene to prevent it. Intervening in these circumstances means working to constrain the behaviors of the parent who is influencing the child and then building an alliance with the child in which it is understood that the words spoken by the child do not match their authentic feelings.

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In therapy in non-PA situations, abused children who cannot speak about the harm being done to them will act out their *maladapted* feelings. However, in therapy in PA cases, abused children who cannot speak about the harm being done to them will act out their *authentic* feelings, which are hidden behind the defensive split caused by the pathological alignment.

Watching those feelings emerge and then disappear again when the child is placed with the parent to whom they are pathologically aligned explains the way in which alienated children have adapted their behaviors to fit the distorted situation in which they reside.

Giving space for the child to “act out” their authentic feelings, which happens in activity-based therapies, demonstrates that while an alienated child’s voice says no, their actions in fact say yes. Therapists working in this space must therefore seek to create the circumstances in which those authentic feelings can be acted out, supported and experienced safely.

This is the counterintuitive understanding necessary for any therapist working in this space to grasp hold of. Once understood, it becomes easier to work with this group of families and develop new approaches to helping them. ■

## References

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