Parental alienation – a systemic perspective

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Practitioners are increasingly being faced with a phenomenon where children strongly align themselves with one parent while rejecting the relationship with the other, previously-loved parent, in the context of high-conflict relationship breakdowns often referred to as 'parental alienation'. This article provides a systemic theoretical-perspective to enhance our understanding and conceptualisation of family patterns and dynamics that result in the globally-identified phenomenon of parental alienation.

What is parental alienation?

A number of terms have been put forward to explain this phenomenon, such as the alienated child, parental alienation (no syndrome), divorce-related malicious-mother syndrome, over-burdened child, Medea syndrome, parental alignments, programmed and brainwashed children (Rand, 2011). Regardless of what label is chosen, there is widespread agreement among experts in the international family-law and mental health arena as to the existence of a distinctive cluster of divorce-related symptoms in a child that may result in psychological disturbance for that child. Parental alienation can be described as an observable constellation of hateful behaviours on the part of a child who venomously rejects, and directs undeserved anger towards, a previously-loved parent during or following a separation or divorce (Andre, 2004). Parental alienation is partially explained by the alienating behaviours on the part of an emotionally-needy, aligned parent who is in role reversal with the child and who offers the child warm and involved care in exchange for his or her allegiance (Walters & Olsen, 2005). A primary feature of alienation is where a child whose parents are engaged in a high-conflict divorce allies himself or herself strongly with one and rejects the other without legitimate justification. A primary behavioural symptom is of a child who refuses contact with a parent and is characterised by extreme withdrawal or contempt (Bernet et al., 2010).

History of parental alienation

Psychiatrist Richard Gardner first coined the term 'parental alienation syndrome' during the mid-1980s. For Gardner, this was a disorder that occurs in children whose parents are involved in custody disputes. Gardner's model has resulted in much debate and disagreement among legal and mental health academics and practitioners. The discourse has become stuck in trying to establish the existence of a pathology residing in a parent or child, leading to much confusion and disagreement as well as a paucity of effective supports and interventions for families and children experiencing this phenomenon globally.

While Gardner has been credited with providing the label 'parental alienation syndrome' (1992), what family therapists today would consider 'first-order', systems theorists and practitioners have long identified parent-child alignments as a significant challenge in family dynamics. Although they did not use the term parental alienation, their observations are remarkably consistent with those who do. Systemic theorists and practitioners have been independently observing and documenting these patterns in family dynamics as far back as the 1950s. Contributors such as Ackerman (1958), Bowen (1971; 1978), Jackson and Weakland (1971), Minuchin (1974) and Haley (1980) were treating child patients for psychosis as in-patients in hospitals and residential placements. They proposed a number of related concepts to describe similar interactional patterns within the family.

In 1967, Haley proposed the term 'perverse triangle' that in extreme circumstances caused severe emotional and behavioural disturbances in a child. What he observed was the existence of a cross-generational coalition – the perverse triangle. For Haley this was characterised by one parent co-opting a child to collude with him or her to the isolation of the other parent. Bateson et al. (1956) believed this led to highly symptomatic and dysfunctional behaviours in the child as a result of the double bind that he or she was being placed into. He noted there were no good options here for the child: either he or she rejects the other parent or pays the penalty of losing the love of the co-opting parent. Haley also highlighted the covert nature of this coalition. Neither the targeted parent nor any professional would be privy to the existence of this coalition. In fact, it would be vehemently denied. Subsequently, Andolfi (1983), Boscolo et al. (1966) and Thomas and Nicols (1992) acknowledged this dynamic in their work.

A further contributor, Bowen (1966), referred to pathological triangles, that involve two people from a family drawing in or excluding a third family member. He referred to a common form of triangulation he considered to be a cross-generational coalition that develops when one parent tries to enlist the support of the child against the other parent by confiding in the child, treating the child as a parent or involving the child in adult disputes. The pattern becomes pathological when it becomes repetitive, routine and rigid and a predictable pattern that has the destructive effect of disempowering, demeaning and excluding the other parent.

Informed practitioners will be aware that patterns of parental alienation may travel down generations of families. Therefore, the current generation of children experiencing alienating dynamics may go on to perpetuate these dynamics in their own families of creation in later years. Bowen (1966) provides two constructs to enhance our understanding in this regard. He referred to them as the

'family projection process' and the 'multi generation transmission process'.

Family projection process

This dynamic is said to occur when a parent or caregiver is not sufficiently differentiated from his or her own family of origin and transmits their lack of differentiation to one or more children. The affected child becomes the least-differentiated family member and is likely to become the identified patient or symptomatic.

Multi-generation transmission process

For Bowen, this process, like that of the family projection process, serves to bring about a psychopathology by transferring the immaturity within the family system to the least-differentiated family member and, by extension, when this member moves into their own family of creation, the patterns will be repeated. This repetition occurs because *"children who are most involved with the family process and the least differentiated select marital partners who share an equivalently low level of differentiation"* (Carr, 2008, p. 201).

The transmission process then transfers the psychopathology into the next generation because the new family *"by inadvertently organising family rules, roles and routines in rigid, enmeshed and fused ways that prevent differentiation"* (Carr, 2008, p. 220).

Garber (2011) provides a further systemic exploration of parental alienation that focuses on the types of enmeshed parent-child dyads that may be associated with a child's rejection of the other parent. Garber introduces the three dynamics of 'adultification', 'parentification' and 'infantilisation' that characterise an aligned parent-child dyad that is often associated with parental alienation.

Garber (2011) points out that the development of interpersonal boundaries and intra-familial roles are a necessary and natural process as we grow towards healthy adult autonomy. Clear and flexible parent-child hierarchical boundaries and roles are considered important for healthy child-development: however these can break down at times of prolonged parental conflict and divorce resulting in parent-child enmeshment.

Parentification is defined as a process of role reversal whereby a child is obliged to act as a parent to his or her own parent (Hooper, 2008). It is most commonly associated with role corruption in the context of divorce (Boszormenyi-Nagy & Spark, 1973). The parentifying adult enlists the child to fulfil his or her needs (Valleau et al., 1995). The failure of the adult relationship increases the risk of parentification within the aligned dyad, which interferes with the child's development, peer relationships and his or her ability to make and maintain a healthy relationship with his or her other parent. This dynamic remains destructive, regardless of whether the enmeshed parent actively enlists the child, is passively accepting of the child in his or her new role or the personal, practical or cultural motivations. In the context of adult conflict, separations and divorce, this role corruption is a 'double whammy' for the child because, in addition to witnessing parental conflict, they are called upon to comfort a parent concerning adult distress rather than their own distress. Kerig and Swanson provide a succinct summary when they say:

"A parent-child alliance that is fuelled by anger at the spouse is a relationship that is serving a function for the parent rather than providing for the development needs of the child. Secondly, an alliance with one parent likely exists at the cost of a distant or conflictual relationship with the other parent" (2010, p. 61)

Burton (2002) describes childhood adultification as contextual, social, and developmental processes in which the child is prematurely and often inappropriately exposed to adult knowledge and they assume adult roles and responsibilities within their family system.

Garber (2011) describes infantilisation as the third dynamic that is commonly seen within an aligned parent-child dyad. He describes the infantilising parent as experiencing a loss of self when the child is spending time with the other parent resulting in anxiety, depression and anger for that parent. When these emotions are communicated to the child, this results in a child's resistance and refusal to return to the alienated parent. The child feels responsible for the enmeshed parent's well-being in absentia. The infantilised child is implicitly aware that his or her dependency fulfils the enmeshed parent's needs.

Omitting the above well-established constructs fails to acknowledge the long history and recognition of dysfunctional parental-child alignments and boundaries, long before Gardner coined the term 'parental alienation syndrome'. If we include the work of the first-order systemic theorists and integrate these ideas alongside the more recent ideas around social constructionism, we may enhance our understanding regarding the dynamics of parental alienation emerging within families in a more comprehensive way as they transition through high-conflict separations and divorce. Therefore, from a systemic perspective, applying a lens of linear causality alone is unhelpful in our understanding, approach and interventions when trying to understand the phenomenon of parental alienation. Systemic family-theorists and practitioners understand that the characteristics of relational dysfunction such as parental alienation are observed in the family's pattern of interactions, coalitions, the distribution and regulation of power among family members and how distance and closeness are regulated. The family's dysfunctional organisation can and does maintain the symptoms of the child who is often the identified patient.

What does parental alienation look like?

Andre (2004) provides us with a number of questions that we as practitioners can ask ourselves and explore when considering the absence or presence of parental alienation

- Is there or was there a high-conflict divorce or separation or a protracted battle in relation to custody or access?
- Is the child's anger, hatred or rejection disproportionate to any 'crime' the parent is accused of?
- Did the child have a loving relationship with the now-rejected parent?
- Does an extreme resistance to visit the rejected parent accompany the rejection?
- Does the child shun the parent in public?
- Do the child's perceptions lack duality? Are they black and white?
- Does it seem that there is only bad in one parent with no affection or gratitude for that parent?
- Are the child's reasons for rejection of a parent scripted, lacking substance and accurate detail?
- Has the child added to and embellished

the script with his or her own contributions to the parent's badness?
- Does the child insist he or she has not been influenced by anyone, but that he or she has independently chosen his or her own behaviour and opinions?
- Does the child protect and idealise the aligned parent?
- Do the actions of the aligned parent suggest an agenda of anger, negativity or destructiveness towards the rejected parent?
- Does the child appear to be functioning normally in other settings but on closer inspection, has other problematic interpersonal-relationships?
- Is there a distinct lack of outward guilt or remorse on the part of the child?

Differentiating true estrangement from alienation

It is important to acknowledge some children do indeed reject a parent for what can be considered legitimate reasons such as abusive or neglectful parenting (Fidler & Bala, 2010). In fact, the importance of making accurate assessments of abuse to ensure true cases are acknowledged and treated is emphasised (Baker et al., 2016). Additionally, informed practitioners will be aware that all allegations must be thoroughly investigated to ensure the safety of a child. If allegations are upheld this is considered to be realistic estrangement; whereas, a child who is expressing freely and persistently unreasonable negative beliefs that are disproportionate to their actual experience with that parent (Andre, 2004) is considered to be alienated from a parent.

Furthermore, sometimes children have a closer relationship with one parent as a result of age, gender and temperament or shared interests. This is considered a developmentally normal ebb and flow of preferences and is not to be considered parental alienation (Kelly & Johnson, 2001).

However, we know that a truly-abused child may cling to, be protective of and wish to maintain the relationship with the abusing parent or minimise or deny past abuse (Baker & Schneiderman, 2015; Clawar & Rivlin, 2013; Gottlieb, 2012). Truly abused children do not present in the same way as alienated children. It is imperative practitioners be competent to differentiate parental alienation from true estrangement.

The voice of the child:

In many other countries, the voice of the child is privileged in proceedings that affect them. However, it is crucial to be certain what the child wants is being accurately reflected in what they say and that this is in fact in their best interest. Practitioners often believe they must listen to the child and concede to their wishes. However, Lowenstein (2007) highlights that children sometimes want things that are not good for them in the short or long term. Gottlieb (2012) argues that there is logic for not allowing children to engage in certain activities, such as voting, smoking, drinking alcohol or serving in the army. She asks, *"How is it then that we so freely abrogate our professional and parental decision making responsibility to a child in such a critical area as family relationships, specifically the relationship with a non-resident parent"* (Gottlieb, 2015, p. 5). Additionally, Fidler et al. (2013) advocate caution regarding the power of the voice of the child in such circumstances. They found that many adults who rejected a parent post-separation secretly wished, as children and adolescents, that someone had recognised they did not mean what they said when they were rejecting that parent.

A child's voice is just that, a voice and not a choice. It is more than inappropriate to place a child in the position of having to choose a parent.

Rates of parental alienation:

Clawar and Rivlin (1991) identified elements of false or negative ideation about the alienated parent in 80% of cases in their study of 700 divorces. Darnall (1998) suggests the vast majority of divorcing parents can be considered to be naïve alienators who periodically engage in parental-alienating behaviours while, at a the other end of the spectrum, others engage in obsessive and active alienating behaviours in an effort to damage and/or terminate the relationship between the child and the targeted parent.

What can be done?

Informed practitioners will be aware that alienating dynamics occur along a spectrum from mild to severe alienation. It can be said that, at the mild to moderate end of the spectrum, parents' behaviours may be unconscious. At this point, early intervention provides the optimal

opportunities by working with both parents therapeutically to capitalise on their love for their children, to motivate behaviour change in the parents. It is only when we are at the most severe end of the spectrum, where one parent is determined to terminate the relationship between the targeted parent and a child, that we may consider alternatives to motivate behaviour-change in the determined alienating parent, once any allegations have been fully investigated to ensure the safety of the child.

Informed practitioners will be focused on the rights of a child to have a meaningful relationship with both parents, ensuring the child's optimal emotional and psychological health across his or her lifespan. It is not about the rights of a father or the rights of a mother.

Gender

The literature suggests mothers are most often the alienators, however informed practitioners will be aware fathers and mothers are equally likely to engage in alienating behaviours, with fathers primarily alleging neglect and mothers primarily alleging sexual abuse (Bala et al., 2007). This phenomenon is not gender specific. To suggest it is results in unhelpful reductionist narratives and discourses that do nothing for families and children experiencing this phenomenon globally.

Is it recognised?

The research and literature of Bernet & Baker (2013) and Lorandos et al., (2013) along with the research of Bernet et al., (2010) and Wallerstein and Kelly (1996) attest to the validity and reliability of the parental-alienation construct. Furthermore Baker et al., (2012) have developed a four-factor model for determining the presence or absence of parental alienation.

Additionally, the task force committee on the DSM-5 clearly articulated a view that parental alienation is a relational problem rather than one where a pathology is considered to reside in any one individual within the family; for example, the American Psychiatric Association (2013) refers to *"child affected by parental relationship distress"*, *"Problems relating to family upbringing"*, or *"disruption of family by separation or divorce"* (pp. 716, 718 & 719 respectively).

Conclusion

If legal, social and mental health professionals are to be well-placed to provide timely and effective interventions that support children and families navigating the dynamics of parental alienation, we must first engage in informed narratives and discourses that further our own understanding, knowledge and awareness as to why some children reject a previously loved parent in the context of a high-conflict relationship breakdown. It is accepted that some children do indeed reject a parent for valid reasons just as sometimes a child rejects a previously loved parent for non-valid reasons. Our respective professional bodies' ethical codes oblige us all to consider all possibilities to ensure we place the child's best interests at the centre of all assessments and decision making processes.

Furthermore, if we focus on the child's right to a meaningful relationship with both parents while applying a systemic lens, then alternative solutions become available ensuring the child can and does have such a relationship when both parents are fit.

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