IDENTIFYING CASES OF PARENT ALIENATION SYNDROME—PART II

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Editors' Note: *This is the second part of a two-part article dealing with parental alienation of children and aiding the courts and counsel in recognizing parental alienation in cases involving custody and parenting time. Part I was published in the February issue at page 65.*

The Family and Children's Evaluation Team ("Team"),[1] which pioneered the team approach to child custody evaluations in Colorado, evaluated both parents and all of the children in approximately 600 cases fiom 1975 to 1995. The conclusions in this article result from the Team's evaluations.

Psychological Characteristics of Alienating Parent

Parent Alienation Syndrome occurs when individuals who have certain psychological characteristics manage internal conflict or pain by transforming psychological pain into interpersonal conflict. Divorcing parents often experience humiliation, loss of self-esteem, guilt, ambivalence, fear, abandonment anxiety, jealousy, or intense anger. These normal but very painful emotions must be managed. Usually people in crisis rely on characteristic relationship styles and pain management techniques. The Team has found alienating parents to have the following characteristics:

1. A narcissistic or paranoid orientation to interactions and relationships with others, usually as the result of a personality disorder.[2] Both narcissistic and paranoid relationships are maintained by identification, rather than mutual appreciation and enjoyment of differences as well as similarities. Perfectionism and intolerance of personal flaws in self or others have deleterious effects on relationships. When others disagree, narcissistic and paranoid people feel abandoned, betrayed, and often rageful.

2. Reliance on defenses against psychological pain that result in externalizing unwanted or unacceptable feelings, ideas, attitudes, and responsibility for misfortunes so that more painful internal conflict is transformed into less painful interpersonal conflict. Examples of such defenses are phobias, projection, "splitting," or obsessive preoccupation with the shortcomings of others in order to obscure from self and others the individual's own shortcomings. "Splitting" results when feelings, judgments, or characteristics are polarized into opposite, exhaustive, and

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mutually exclusive categories (such as all good *or* all bad, right *or* wrong, love *or* hate, victim *or* perpetrator), then are assigned or directed separately to self and other. (I am good, you are bad.) The need for such defenses arises because alienating parents have little or no tolerance for internal conflict or even normal ambivalence. The interpersonal result of such defenses is intense interpersonal conflict.[3]

3. Evidence of an abnormal grieving process such that there is a preponderance of anger and an absence of sadness in reaction to the loss of the marital partner.

4. A family history in which there is an absence of awareness of normal ambivalence and conflict about parents, enmeshment, or failure to differentiate and emancipate from parents; or a family culture in which "splitting" or externalizing is a prominent feature. Some alienating parents were raised in families in which there is unresolved or unacknowledged grief as the result of traumatic losses or of severe but unacknowledged emotional deprivation, usually in the form of absence of empathy. More frequently, alienating parents were favorite children or were overly indulged or idealized as children.

The Alienated Parent

The alienated parent also has psychological symptoms that are more or less characteristic. The most prominent characteristic is a history of being passive, overly accommodating, or emotionally constricted.

The passivity so often seen in alienated parents is difficult to evaluate during the crisis of the divorce. Some passivity is characterological and is usually detrimental to relationships. Some passivity, however, is an adaptation to a marital relationship with a controlling partner. Only a detailed, careful history of interactions and of functioning in other relationships before and after the marriage can lead to a clear understanding of whether the passive alienated parent has a longstanding characterological problem or has made an adaptation to a disturbed marriage. Although alienating parents often feel victimized and controlled, a thorough history may indicate that, in fact, the parent to be alienated has accommodated or capitulated in conflicts many more times than the alienating parent.

Although self-assertion may be healthy from the viewpoint of individual psychology, it can lead to an intense and destructive power struggle if the partner to the interaction is uncompromising, unable to tolerate awareness of personal flaws or differences of opinion, or prone to make accusations and engender guilt. In many cases of parent alienation, the passive partner not only tolerates criticism and accusation, but engages in self-questioning. Self-questioning is, of course, healthy, but it may lead to an honest conclusion different from the opinion of a critical partner. It can strengthen a relationship if the different conclusion can be accepted by both parties.

In relation to an alienating parent, such disagreements cannot be integrated or resolved. Self-assertion then leads to an intensified power struggle. To avoid intense, intractable, and destructive interpersonal conflict and to preserve the relationship, one partner must then "give in" and accommodate. That partner is usually the parent who is to be alienated.

One confusing aspect of the dynamics of parent alienation cases is that the alienated parent sometimes has more obvious symptoms of psychological distress, such as depression or anxiety, than the alienating parent. When psychological health is defined as the absence of internal distress or conflict, this factor makes it appear that the alienating parent is the healthier parent. However, this appearance is misleading.

The very presence of symptoms of depression or anxiety implies that internal conflict is present. Depression and anxiety both increase with passivity and when there are limited opportunities for self-assertion or directly expressed anger. Depression and passivity, of course, feed on each other. Depressed people do not have the energy to assert themselves and may not feel justified in doing so anyway; the passivity and emotional constriction lead to more depression. Although the intensity and pervasiveness of depression and anxiety must always be evaluated carefully in order to determine how these symptoms impact relationships in general and parenting in particular, it is possible for parents who are hurting internally to protect their children from their own pain and to be good parents.

The accommodating characteristic of the alienated parent sometimes includes a willingness to provide some justification for the alienating parent's accusations. In general, people seem reluctant to acknowledge irrationality in others, especially those they love and admire. They look for ways to make sense out of the illogical or unrealistic ideas and behavior. When the partner to an interaction is paranoid but not psychotic or bizarre (and this is not only possible but more common than might be thought), the pressure to conform to the paranoid ideation is very strong. Even professionals can begin to doubt themselves, make unusual mistakes, or search hard for barely plausible explanations and rationalizations. The pressure on a spouse, of course, is much greater than that on a professional.

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For example, it is well known that some men become physically abusive and intimidating in order to prevent a wife from leaving them. In contrast, some parent alienation cases are justified by spousal abuse, but the process is very different. There are reports of longstanding fear and anticipation of abuse, followed by a "confirming" but isolated incident in which actual abuse took place. The parent who lost control then leaves the marriage, intolerant of his own behavior. By that time he has sabotaged himself and justified the paranoid ideation or accusation of his partner.

In this example, the usually passive, alienated parent may be correctly designated the "cause" of the immediate intensified marital conflict and the incident of physical abuse is clearly an unacceptable way to resolve an intolerable situation. However, the marital pathology is usually much deeper than one incident and is usually longstanding. The spouse who makes a healthy

decision to dissolve the very unhealthy relationship is often accused of desertion, abandonment, or seeking an unnecessary divorce. That spouse has often been unable to make the decision to leave prior to the incident because of the guilt it would engender and the accusation that was inevitable.

Parent alienation is not a gender-determined syndrome. Either the mother or the father can alienate; either can be alienated. Some parents have a history of attenuated involvement with their children until just prior to the marital separation. In some cases, this attenuated involvement is longstanding and indicates a lack of interest in parenting. However, in a number of cases that on evaluation were determined to be alienation cases, attenuated involvement was not the result of lack of interest in parenting or concern and caring for the child, but was circumstantial.

For example, some fathers of very young children have reported that they accommodated a maternal desire that they provide economic support for mother and child, emotional support for mother, and refrain from interfering with what would now be called an enmeshed mother/child unit. The marital balance was upset when either the child (because of a normal developmental push such as often occurs around age four, for example) or the father (believing that the child is now old enough to relate to someone other than the mother or responding to a change in the cultural definitions of expectations for parents) insisted on increased involvement.

An another example, some fathers have attempted to alienate mothers whose involvement with their children was compromised by physical or emotional illness or self-development or vocational requirements by making accusations of neglect even when the attenuated involvement was clearly temporary. Such fathers ignore the fact that good parenting is a joint venture. Each parent should be free to expect the other parent to be available and competent as a “primary parent” when the other is temporarily unavailable.

Effects of Parental Alienation on Children

Symptoms of emotional distress are seen in virtually all children of divorce. This distress usually dissipates when a routine that allows frequent and predictable contact with both parents is established. Children then use their energies to cope with and make use of the strengths and weaknesses of both parents and the other important people around them, just as children do in intact families. The importance and impact of the divorce recedes.

In parent alienation cases, routine may not be established for years. Intense conflict between parents may last until all emotional and financial resources are consumed. In the meantime, the child experiences unpredictable changes and interruptions in the relationships with both parents as different legal maneuvers take place. The emotional intensity, the pervasive and all-consuming preoccupation with divorce, danger, and protection, as well as the instability, are overwhelming.

Children of alienating parents face challenges in addition to the high conflict divorce. One important problem is that the relationship between the child and the alienating parent is disturbed. In many ways, parent alienation syndrome is the modern equivalent to school phobia,

a common condition twenty years ago. The only difference is that the object of the phobia has changed. The divorced spouse has replaced the school. A researcher in child development who is primarily responsible for the research that led to successful treatment of school phobias clarified the type of attachment phobic children have with a primary parent and the impact of the pathology on the child's development:

> "Strong" attachment and also "intense" attachment are ambiguous; both of them and the former especially, might be thought to imply a satisfactory state of affairs....When we come to know a person of this sort it soon becomes evident that he has no confidence that his attachment figures will be accessible and responsive to him when he wants them to be and that he has adopted a strategy of remaining in close (physical) proximity to them in order to as far as possible ensure that they will be available.[4]

Such attachments are called "anxious attachments." In a desperate attempt to maintain a relationship in the only ways possible (identification and alliance) with the parent who is, at the end of the alienation process, the *only* parent from a psychological and sometimes physical point of view, the child will mirror the personality and the distorted perceptions of the alienating parent. The blame for anxiety consequent to the insecurity of attachments will be externalized and attributed to the other parent. The same researcher points out that

> [w]henever the patient's problems can plausibly be ascribed to some extra-familial situation, the parents seize eagerly upon it. Unsympathetic teachers, bullying boys, barking dogs, the risk of a traffic accident—each is caught at hopefully in order to explain the patient's condition. Thus are phobias born: and, because so often they provide a convenient family scapegoat, they grow to have a life of their own.[5]

Many alienated children develop symptoms of anxious attachment or separation anxiety when they are long past the age where separation anxiety is normal. The psychological distress is a result of the malignant emotional environment. The most common symptoms in young children are unusual distress during transitions from one parent to the other, sleep disturbances, regressions in achievement of regulation of bodily functions, and failure to achieve expected levels of impulse control. In elementary school age children, disorganization, inability to attend school work with resultant lowered grades, social isolation, and moodiness are often seen.

Teenagers often emancipate prematurely from adult control, becoming defiant and rigid. Such emancipation sometimes includes school refusal, with or without the permission of the parent. Alienated children of all ages show more problems with impulse control than normal, and many children show less ability to be considerate of the feelings of others (except when they accommodate a chosen parent) than normal for the child's age.

Psychological distress is not the same as psychological damage. As the children grow older, there are more signs of actual damage to development, especially if the alienating parent is successful.

In the area of development of realistic self-concept and self-esteem, alienated children can develop several kinds of problems. These children are often overvalued in ways that are detrimental and are undervalued in ways that would be helpful to them. Because their symptoms have strong emotional appeal and thus become a valuable part of the legal evidence, they become the object of intense, nurturing attention, often under the guise of empathizing with the child. Their symptoms are discussed repeatedly with the child, and are blamed on the behavior of the alienated parent.

Psychological symptoms thus can sometimes become a perversely valued part of the child's identity. Because other equally or more important aspects of the child's experience are less valued and receive less empathic or sympathetic response, the child must use the acceptable symptoms to engage necessary and life-sustaining attention from others. Attempts to engage around interests or concerns that do not parallel the interests of the adults are unsuccessful. Sometimes, especially if the accusation used to justify alienation is child abuse, the alienating parent and allies that parent gathers will assert that the child has been permanently and irreversibly damaged. Such a prediction ensures that the child's self-concept will be damaged and ignores both important conflicting research as well as information that can be gained directly from the child.

Another area in which the development of a child can be harmed by the process of parent alienation syndrome is that of reality testing. That the child mirrors the distorted perceptions of the parent has been stated. There is a more disturbing aspect of this problem. Children need to develop the function of reality testing, not just about their parents, but also about the world in general. It is essential that they learn not to exclude important information just because it makes them uncomfortable or conflicted. It is also important that they learn to correct misunderstandings and change conclusions with new information.

Alienated children tend to become fixed and rigid in their opinions and ideas. They will obviously and actively reject any information that does not confirm their ideas. Too often, their ideas are strongly influenced by feelings, which they often cannot distinguish from facts without help. Having little sense of time (as most people do not during a crisis), they believe that the feelings of today will last forever. If those feelings are exploited or are treated as though they will never change, the child cannot resolve them.

Although alienated children are often taken to mental health professionals, they do not generally get the help they need. In order to be helpful, psychotherapy has to be based on accurate diagnosis. Alienating parents have a diagnosis already in mind when they engage a child therapist. The idea that the child's symptoms can be attributed to any cause other than the one designated by the alienating parent meets with fierce resistance.

Therapists may be chosen because of a specialty in evaluating or treating the problem the parent has already "diagnosed." Such therapists may deliberately limit the evaluation to comply with

the contract, because of particular interests or because of lack of expertise in evaluating and treating other conditions. Therapists who have the ability and interest in providing general evaluations that consider a variety of alternative diagnoses and treatment plans can be helpful. However, conclusions and interventions that do not agree with the opinion of the alienating parent are often sabotaged, and the therapists who have them are discharged.

If material given by the child in therapy becomes part of the litigation between the parents, the child may feel that it is unsafe to expose thoughts and feelings in any setting. If the child forms a relationship of trust with the therapist and loses or feels betrayed in that relationship, that child's ability ever to use therapy may be impaired.

Finally, alienated children face the problem of parent loss. If the alienating parent will not change, the child will lose one parent or the other. That loss will have consequences, especially if there is no help with sadness and grieving. Younger children will be vulnerable to the unmitigated pathology of whichever parent is chosen for them. Older children will choose, for better or worse. Some children will emancipate prematurely from both parents. All of them will incur the usual results of parental deprivation.

Final Comments

Although parent alienation cases are very difficult and painful, they also are a fruitful source of knowledge. These cases test therapists' knowledge, theories, and professional discipline. They are often discouraging and frustrating. Still, an optimistic view can emerge from the struggles.

There is psychological significance to the fact that human beings reproduce sexually, not by cloning. Physically and psychologically, children combine the contributions of two separate, different individuals to form themselves. The child becomes a third individual, unique from either parent. One of the most adaptive aspects of human biology and human social development is that if one adult is not available or helpful, another can take over the parental functions. In an intact family, children quietly and unobtrusively take what they need from those who are available. Their preferences and identifications shift and change over time; different people are favored at different times, preferred according to developmental need and current common interests.

In the social systems humans have evolved, parenting is augmented by a whole variety of resources, including schools, therapists, extended family, and the family court. Children thus have a variety of relationships with many people who are different from them as well as with people who are very much the same. These relationships are important resources. They give perspective.

If children are allowed free access to these different people, they do not need a perfect parent. It is not individual parental mistakes that harm the development of children. It is the exclusion of these different people that places them in danger of becoming psychological clones, doomed to repeat parental mistakes rather than learning from them. Two parents who can recognize their imperfections and who know that they are mutually dependent can augment each other's efforts,

and protect the children from the undue influence of the human flaws and limitations of each other simply by providing a different perspective and experience.

Most children are born with the capacities to think for themselves, to process both negative and positive experience, and thereby restructure things so that each generation can improve over the last. These capacities can be developed. Given opportunities to perceive both healthy and problematic aspects of different people and to respond to those perceptions within the context of an empathic relationship, most children will develop a self that is not only different, but has a good chance of being more functionally effective than either parent has been. Of course, the children will not be perfect, either. They do not need to carry the burden of trying to be. No human being is perfect.

The child who is solely or primarily dependent on one parent is in jeopardy. The child who has access to multiple relationships with people who can help in different ways and learns to process a variety of experiences is our hope for the future.

NOTES

1. The Family and Children's Evaluation Team was comprised of the author of this article, Leona M. Kopetski, MSSW, and Claire Purcell, Ph.D.

2. Benjamin, *Interpersonal Diagnosis and Treatment of Personality Disorders* (N.Y.: Guilford Press, 1993) at 140-62 and 313-41; American Psychiatric Assoc., *Diagnostic and Statistical Manual III-R* (Wash. D.C.) at 348-351; Lyons, *Personality Disorders: Diagnosis and Management* (2d Ed. 1981) at 65-73 and 163-81.

3. Gabbard "Splitting in Hospital Treatment," 146 *Amer. J. Psych.* 444 (1980).

4. Bowlby, *Separation* (N.Y.: Basic Books, 1973) at 212-13.

5. *Id.* at 315.