



Counterintuitive issues in alienation: Why alienation is missed by the most senior mental health clinicians and forensic evaluators

by

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Despite a recent explosion of information from research, the clinical literature, and evidence-based practices regarding alienation, this profoundly complex family dynamic is commonly missed and/or incorrectly assessed by even the most senior mental health clinicians and forensic evaluators. There are two primary factors that account for the pervasiveness of incorrect findings in cases of alienation.

The first factor that accounts for incorrect findings in cases of alienation is that alienation is a *subspecialty* within the discipline of family therapy, and *only* the Master's Degree in Marriage and Family Therapy focuses on family assessment and treatment in its degree training. The specialized degree training required for the Master's Degree in Marriage and Family Therapy (or the equivalent education and experience) is *not provided nor required* in the degree training for any other mental health discipline. Furthermore, the degree training in Marriage and Family Therapy *merely provides the foundation* for specialization in alienation. Extensive additional experience with the clinical presentation of alienation is required for accurate assessment and treatment of alienation.¹ Without having acquired the specialized knowledge of alienation, the mental health practitioner is practicing outside of one's area of expertise when intervening in alienation cases. And sadly, such practitioners are clueless about their lack of expertise in alienation and are, furthermore, quite confident about their incorrect findings regarding alienation.

The second factor that accounts for incorrect findings in alienation cases is the fact that there are numerous counterintuitive issues occurring in this complex clinical presentation. By counterintuitive, I am representing that the brain is tricked into perceiving the reverse of the actual family dynamics—just like the brain is tricked in an optical illusion to perceive the reverse of the

¹ It must be noted that the requisite education and training for specializing in alienation can be acquired from sources *outside* of the degree training in Marriage and Family Therapy. But it requires that the mental health practitioner invest the time, dedication, and energy to undertake the extensive measures to acquire such knowledge.

situation being portrayed. More specifically, counterintuitive means that normal intuitive reasoning inevitably reaches incorrect findings, even should one be extraordinarily careful in assessing the presenting situation. Of all the clinical presentations, alienation is probably the most counterintuitive. Indeed, it is almost always the case that the non-specialist in alienation will reach findings that are not only wrong but backwards.

The following are some, but hardly all, of the counterintuitive issues occurring in alienation cases:

1. Extensive research and the clinical literature affirm that severely alienating parents generally suffer profound psychopathology and one or more cluster B personality disorders—narcissistic, borderline, and/or antisocial (Kelly & Johnston, 2001; Miller, 2013; Bernet, 2010; Clawar & Rivlin, 2013; Judge & Ward, 2017; Fiddler & Ward, 2013; Ward, 2017; Fiddler & Bala, 2010; Lampel, 1996; Gottlieb, 2012, 2013; et. al.). Indeed, such findings affirm that the alienated parent is usually far more emotionally stable than is the alienating parent. Yet, counterintuitively, the alienating parent generally presents well while the alienated parent tends to present poorly. The explanation for this counterintuitive conundrum is quite simple: Alienating parents are sitting pretty as they possess the children, who have become aligned with them. And, in severe cases, the children are so overly-aligned with their alienating parent, the alignment is referred to as “pathological enmeshment.” Alienating parents control the family situation. Alienating parents have successfully portrayed to the children and to the professionals in the case that the alienated parent is dangerous and/or unstable. Alienating parents have frequently converted to their side and manipulated the professionals, who then inadvertently present inaccurate and misleading information to the court.

Alienated parents, on the other hand, are trauma victims resulting from the ongoing protracted family history of having been maltreated, maligned, rejected, falsely accused of child abuse and/or domestic violence, and often bankrupted from having to defend themselves against a myriad of false allegations and in order to protect their parental rights. Alienated parents, therefore, often do not present well because they are attempting to manage one horrific family crisis after another.

According to Steven Miller, MD, alienating parents present with the 4 C’s, being cool, calm, charming, and convincing, while alienated parents *may* present with the 4 A’s, being angry, agitated, anxious, and afraid.

2. It is *assumed*, counterintuitively, that if a child rejects a parent, the parent must have done something appalling to “deserve” it. This is profoundly incorrect. As a result of our long dependency period, the need to have a parent is part of the instinct for survival. The instinct to love and need a parent is, therefore, so powerful that it is rarely, if ever, unilaterally overridden. The powerful instinct for a parent explains why foster children generally do not reject their parents. Therefore, especially in the absence of any credible evidence of abuse and/or neglect on the part of the rejected parent, the alternative hypothesis for the child’s rejection—that of brainwashing by an alienating parent/influence—must be seriously considered. The key point to consider is not *whether* or how *strongly* the child

has rejected one parent and aligned with the other. The key point to consider is *why* these dynamics are occurring.

3. In severe alienation cases, the child counterintuitively aligns/bonds with the alienating parent, who is the abusive parent. Such are the findings documented in the clinical literature and extensive research. We are informed, for example, by how abused and neglected foster children interact with their parents: they are protective of them and minimize or deny the abuse. Indeed, in alienation cases, the child's strong alignment with one parent is a marker for alienation, for who is the alienating parent, and, consequently, for who is the abusive parent. (Judge & Deutsch, 2017; Miller, 2013; Baker & Schneiderman, 2015; Gottlieb, 2012, 2013; Reay, 2015.)
4. Pathological enmeshment, a term that characterizes the strong alignment between the severely alienating parent and child, counterintuitively *appears* to be a close, warm, loving, healthy relationship. Nothing could be further from the truth. Pathological enmeshment is profoundly detrimental to the child, who is merged with the alienating parent and thereby becomes an extension of the alienating parent by 1) adopting that parent's feelings, wishes, beliefs, and opinions regarding the alienated parent and by 2) mimicking and replicating the alienating parent's antisocial behaviors. These antisocial behaviors include, but are not limited to, maltreating the alienated parent, violating court orders, confirming or creating false child abuse acts alleged to have been committed by the alienated parent, etc.

The pathological process thereby requires the child to repress his/her own autonomy of will, desire, feelings, and thought. Pathological enmeshment—being anything *except* healthy bonding—is therefore profoundly counterintuitive. The resulting damage to the child cannot be overemphasized because it masks severe psychological child abuse.

Pathological enmeshment takes three behavioral forms: adultification, infantilization, and parentification. According to the 2017 bulletin of the American Professional Society on the Abuse of Children (APSAC), these three behaviors meet the Society's definition of child maltreatment because of the caretaker's "modeling, permitting, or encouraging developmentally inappropriate behavior." APSAC discusses these forms of caretaker abusive behaviors under the category of "Exploiting/Corrupting" the child. (Pp. 147-148)

5. Successful school performance counterintuitively suggests that the child is emotionally stable. In alienation cases, however, such behavior is indicative of precisely the opposite: alienated children experience the school setting as a safe haven in which they receive recognition and accolades for independent thinking and an environment in which they do not fear reprisals for expressing *their* genuine beliefs and opinions. Moreover, it is impossible for a child to be developing normally if such a critical aspect as the relationship with a parent is not normal and meaningful. And significantly, were outstanding school performance considered to be a criterion against which to evaluate normalcy, then anorexics—who are on a slow suicide—would be considered emotionally stable because they are obsessed with achieving an A or A+ average.

6. Acquiescing to the spoken wishes of children—even older children—regarding their relationships with parents about custody and the parenting schedule, makes intuitive sense. But doing so is perilously inappropriate because it anoints children with the power to assume a parental or professional responsibility. Granting children input in such decision-making inadvertently places them in a “loyalty conflict.” According to APSAC, when a parent places a child in a loyalty conflict, it is an example of caretaker abusive behavior known as “terrorizing the child.” APSAC defines the loyalty conflict as “making the child to unnecessarily chose to have a relationship with one parent or the other.” (pp.148-149)

In actuality, alienated children do *not* wish to choose—they intuitively reject favoring and aligning with one parent over the other. (Andre & Baker, 2005). Indeed, alienated children experience the power to make *this* choice as an albatross around their necks. They are deeply relieved and secretly pleased when the professionals or the Court, instead, make the decision to enforce their parenting time with their alienated parent.

The severing of a relationship with a parent is a life altering action that results in profound short and long-term detriment to the child, which is one reason the scientific community has determined that alienation is a profound form of psychological child abuse. So consider this: when child protective services staff goes into a home and discovers abuse—even one day before the child’s 18th birthday—they do not declare, “Let’s wait 24 hours to act so that the child can age out of our jurisdiction.” No! They instead declare, “Thank goodness we got here in time to help this child!” That is how the court should address alienation cases until its last second of jurisdiction.

7. Severe alienation has much in common with a cult and meets the standard definition of a cult. Programming a child is an easy feat—especially when undertaken by a parent, upon whom the child is dependent. Additionally, false memories are easy to instill in adults—let alone in a child. Counterintuitively, we resist believing that a child can be so harshly manipulated—especially by a parent or that a child would lie; and counterintuitively, it would appear that a child would have strong, *independent* feelings and beliefs about her or his family in divorce. But a brainwashed child will only mimic the beliefs and wishes of the alienating parent—just as a cult member mimics the words of the cult leader. The information acquired from interviewing these children is therefore not indicative of the child’s genuine wishes and beliefs. In light of this, the stated expressions of alienated children cannot and should not be taken seriously or given weight. Rosen (2013) persuasively opines that the spoken wishes and beliefs of alienated children should not be represented by the child’s attorney because of these children’s diminished capacity, both cognitively and emotionally and due to the consequences of the brainwashing. For example, children do not possess the level of abstract thinking required to theorize what it would be like to have a parent absent or minimized from their lives or to know what is in their best interests. (Hence the requirement to be at least 18 years of age to sit on a jury.) Interviewing alienated children therefore generally produces false, misleading, and useless information.
8. Alienation is a highly-specialized clinical presentation which, counterintuitively, exceeds the skills, knowledge, and experience of even the most seasoned mental health clinicians

and forensic evaluators. Specialization in alienation cases requires a comprehensive understanding of family dynamics and intervention, a grounding in the scientific method and how to apply it to the evidence in an alienation case, extensive knowledge of child development and of abused children in particular, a grounding in severe psychopathology and personality disorders, and substantial experience with the clinical presentation of alienation. Adequate experience with a clinical presentation is the basis of pattern recognition—an invaluable tool when assessing the complexities in alienation cases. Miller (2013) opines:

Cases of severe alienation often exceed the expertise of highly skilled practitioner unless their special expertise includes treatment of severe child alignment, treatment of severe mental illness, and treatment of severe personality disorders ... In addition, one must have extensive experience, outstanding intuition, and sophisticated clinical skills ... Otherwise, cases of severe alienation are likely to be highly counterintuitive. Clinicians who attempt to manage them without adequate skills are likely to find themselves presiding over a cascade of clinical and psychosocial disasters. (P. 11)

9. Traditional reunification therapy is designed to fail. According to the clinical literature, the failure results in part because traditional therapy further empowers an already over-empowered child; it further disempowers the alienated parent; it gives an absolute pass to the alienating parent—the cause and instigator of the family dysfunction. Clawar and Rivlin (2013) opine:

Our research continues to confirm that, even when under court order, traditional therapies are of little, if any benefit in regard to treating **this form of child abuse**. [*bold print mine*]. (P. xxvii)

Sending a child for what they are calling “reconciliation therapy” for an hour a week is never going to work if the child is then returned to the programmer for the other 167 hours in that week. (Pp. xx-xxi)

Traditional reunification therapy focuses on the symptom—the disrupted parent/child relationship—while ignoring the cause—the alienating environment. That is akin to giving anti-biotics to a patient with an infection and returning the patient to the germ-infested environment that had caused the infection.

Traditional reunification therapies should be *immediately* abandoned as soon as an assessment is made for severe alienation. Intuitively, it makes sense to apply the bandage at the spot of the hemorrhage. However, according to Miller, the word “hemorrhage” is more than just a metaphor for the bleeding of the relationship between the child and alienated parent; there is a hemorrhage in all the family relationships—and especially between the alienating parent and child, whose relationship is characterized by pathological enmeshment.

The mandate of the healing professions is to “do no harm.” Yet, even in the face of repeated court orders to repeat a repeatedly failed traditional reunification intervention, there is the high probability that the court will order yet another round of ineffective traditional reunification therapy. There is an adage that particularly pertains to this recurring situation: “To do the same thing over and over and to expect a different outcome is the definition of insanity!”

10. Attributing the development of the child’s emotional/psychiatric symptoms to the alienated parent’s behaviors—while exceedingly intuitive—is exceeding incorrect. Conversely, it should never be assumed—no matter how emphatically declared by the alienating parent, the brainwashed child, or a mental health clinician—that the child’s newly-erupted symptoms were caused by contact with, or by the mere threat of contact with, the alienated parent. Quite typically, the child’s symptoms—including anxiety, depression, cutting, suicidal thoughts, etc.—are baselessly attributed to the alienated parent. I assert “baselessness” because the “attribution” is generally promulgated in the absence of having established of a causal connection between the child’s symptoms and the alienated parent’s behaviors. This promulgation of a connection is therefore pure speculation. Oftentimes, a connection was promulgated even when there had been extended disruption in contact between the child and alienated parent. Such speculation defies logic. And yet, counterintuitively, there is a rush to judgment to proclaim just such a connection.

The scientific method requires, however, that all plausible hypotheses be considered before arriving at a finding. My hypothesis on the cause of the alienated child’s symptoms are as follows: 1) The child’s depression stems from the loss of a loving, nurturing, and supportive relationship with the alienated parent. Very frequently, the loss is magnified because the alienation generally extends to the extended family of the alienated parent. So, the relationships with loving grandparents, aunts, uncles, and cousins are also lost. The loss of these relationships—as with any loss—causes depression; 2) The child’s anxiety results from the colossal exertion of energy required to repress genuine feelings of love and need for the alienated parent and from fear that these children’s feelings will out them to their alienating parent. Alienated children are continually walking on eggshells around their alienating parent lest a slip of the tongue and of behavior reveals their genuine wish for reconnection with their alienated parent; 3) the child’s suicidal threats and/or gestures are perceived by the child to be the only avenue of escape from the excruciatingly painful loyalty conflict.

11. Although it seems counterintuitive to press forward promptly and intensively with fostering access between the alienated parent and child, going slowly—typically at a snail’s pace—is profoundly anti-therapeutic and destructive. Contact between the child and alienated parent is the most powerful and effective antidote to the alienation. The more contact and the more intense the contact, the better the prognosis for the child. The scientific literature and research indisputably affirm the need for swift, extensive contact between the child and the alienated parent. (Baker & Fine, 2007; Bernet, 2010; Clawar & Rivlin, 2013; Darnall, 2008; Fiddler & Bala, 2010; Gottlieb, 2012, 2013; Miller, 2013; Reay, 2015; Warshak, 2010, 2013, 2015).

12. Direct examination and interviewing of the parties are, counterintuitively, not required in order to arrive at valid forensic and clinical opinions. The clinical standard for arriving at valid opinions, to the contrary of requiring direct examination, is whether the case documentation contains *adequate, quality evidence*.

Generally, the parties in an alienation case have been interviewed by multiple professionals who have sufficiently documented case history, have provided direct quotes from the parties, explored the parties' behaviors, and have obtained neutral collateral information. Direct quotes from the parties, in particular, afford the evaluator with data that is virtually firsthand information. Additionally, the numerous motions filed in alienation cases inevitably reveal the presence or lack of alienating behaviors. And finally, the best interests of the child standard requires that a child should not be interviewed to obtain information that can be obtained from other sources. I have found that the child's therapy notes have provided significant evidence for or against the alienation—even if the clinician had been unaware of the significance of the child's disclosures.

13. Counterintuitively, it appears that an alienation case is a typical access and custody case. But severe alienation cases, and usually moderate cases, are cases of child abuse. Such cases are fundamentally different from a typical custody case. Severe cases are complex clinical presentations that involve profound psychopathology, personality disorders, and pathological enmeshment. Symptomology of the alienating parent and of that parent's child ally, often include cognitive distortions to the point of delusional thinking, emotional dysregulation to the point of psychosis or a *folie à deux*, and extreme or bizarre behaviors. When assessed accurately, severe cases are psychological child abuse and therefore require remedies that include removal from the abusive alienating parent. As in any case of child abuse, there can be no-contact between the child and the alienating parent *until and unless* the parent relinquishes the offending alienating behaviors.
14. No alienation case should be presumed to be a hybrid (meaning that both parents have contributed to the rejection). Counterintuitively it is presumed that “the truth is somewhere in the middle” and that “it is likely 50/50” Proper determination of the probability rate for each parent's contribution or lack thereof must include the undertaking of an analysis: 1) to determine if a causal relationship exists between the alienated parent's behaviors and the onset of the child's rejection;² 2) to determine if the “severity” of the rejected parent's behaviors is in proportion to the extreme situation of a child rejecting a parent. The laws of logic, according to Miller (2013), require that extreme circumstances require extreme causation.

² As previously discussed, the alienated parent may react with anger to the trauma of the alienation, and the non-specialist concludes, “Aha, now I know why the child rejected the parent.” This logical fallacy results because of the failure to recognize that the anger arose *after* the rejection and in response to it. For something to be the cause of the dependent effect, it must precede the effect.

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