

## The FUTURE Series - III

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Family Unification Techniques: Unique Relationship Enhancement (FUTURE)

### ORIENTATION: THE NEEDED MHP ATTITUDES AND OPENING MOVES

1. We start with a word about the attitude required of a MHP who decides to work with families such as are here described. The range of behaviors that leads to alienation is vast. Many follow from the fact that one of the parents never recovered from the divorce, and is hence angry, hurt, and vindictive. This parent may not say anything negative “out loud” to the children about the target parent or TP, but his or her non-verbal behavior speaks volumes about the badness of the target parent. One such “non-verbal” behavior could be the total ignoring of this person; the AP makes sure the children have all separate toys, friends and agendas different from those that exist in the other home. Some estrangement/alienation outcomes result from impaired information-processing skills in one or both parents: difficulties with taking in, sorting, sequencing, remembering, integrating and prioritizing information. The result is the kind of black/white thinking that favors blame and scape-goating, a willingness to believe one side of an issue is “all good” and the other “all bad.” The impaired information processing skills that lead to estrangement also make it difficult for the MHP to communicate with people who have these impairments.

Other of the cases that end up with alienation are more frequently based on deliberately malicious behavior, not just impaired information-processing skills. When a participant exhibits both qualities, malicious intent *and* impaired information-processing skills, the prognosis is especially grim.

Therapeutic work with such families is not easy. The MHP, in order to sustain the if not exactly affectionate, at least positive, forward-looking attitude required of all therapists, needs above all to harbor realistic expectations of what can be therapeutically achieved. This includes the timing and sequence of any achievements. One of our (BB’s) main mentors, Robert Waelder, who was trained as a physicist and became one of the first lay psychoanalysts (along with Theodor Reik), was fond of quoting a book on politics in which the author defines successful politics as a process that leads to an arrangement that is able to “passably accommodate the vital interests of society.” Waelder was an arch-realist (and a great psychoanalyst). He realized that whether considering a society, a family (actually *any* organization) or the conflicting drives, desires and internal prohibitions of a given person, what can be attained is a **PASSABLE ACCOMODATION** of the almost always conflicting

interests. Keep this thought in mind when you set out to work with high-conflict families. Remember also that if you become any good at reuniting fractured families, you may end up working with cases in which dozens of other therapeutic attempts have already failed. Each failure lowers the chances of future success, because with each failure, the child becomes more empowered to hold out until “victory” is achieved, the exclusion of the TP from his or her life. Set realistic expectations for yourself.

2. We will often seem to use the words “estrangement” and “alienation” interchangeably. However, they do not mean the same thing. Estrangement implies that a child is distanced from a parent, at odds with that parent, or frightened of, possibly angry at this parent. Estrangement can have many causes, including negative behavior on the part of the TP. Hence not all estrangement cases are caused by alienation. Alienation is a subclass of estrangement. The term is used when the estrangement is caused by a combination of the behaviors of the alienating parent and the child. These behaviors may include all, or many of the criteria spelled out by Richard Gardner in defining the PAS. (See Gardner, 1998, pp. 76-77). These criteria are a deliberate campaign by the AP and involved child against the TP; the child gives weak and unconvincing arguments to sustain his or her animosity; no apparent ambivalence is noted in the child; the child claims to have come to this negative attitude “independently” that is, not because of the AP’s campaign; the child backs the AP on every issue; the child seems utterly without remorse or guilt for the plight of the TP; the child incorporates the words, phrases and rationale of the AP and his or her allies; the child’s animosity toward the TP spreads to other members of TP’s family. Gardner also believes the label PAS should only be used when the child’s rejection of the TP is even greater than one would expect based on what the AP has done to cause the alienation. (This is the so-called “add-on” piece.)

Some MHPs also distinguish between alienation and/or estrangement that seems to be based on consciously deliberate actions on the part of the estrangement-causing parent, as opposed to negative outcomes based on unconscious and/or non-deliberate actions.

Some estrangement cases seem based *entirely* on the personality flaws of the estranged parent. Such a case would reflect estrangement but *not* alienation.

3. Regardless of the forces that led these people to the MHP’s office, most disputants enter the reunification process as enemies: “I’m fine; the other parent is a menace.” The question therefore immediately arises as to whether there is any strategy that can get them into a cooperative “let’s-work-on-this-together” mode of operation. We have, over the years seen a variety of ways attempted, starting with the trial judge’s “order” yelled at the disputing parents in the courtroom: “You two are just going to have to get along!” (We are still waiting for this strategy to ever work.) Another, at least slightly more sophisticated approach, is to lecture the disputing parents on what effects sustained interparental hostility is having, and will continue to have, on the children.

Even more effective than this, we have found, is giving each parent a summary of the *research conducted* on the effects of interparental hostility. We let the robust statistics in these studies speak for themselves. In mild cases this often works.

Another strategy is to try to unite the parents, by redirecting their anger toward a common enemy and thereby away from each other. This common enemy can be the legal system itself.

We point out that although divorce is often “no-fault,” custody decision-making is *emphatically not*. Custody decision-making is, at heart, based on a “parental fitness” model. (It shouldn’t be, but it is. This is why our evaluative approach focuses on, but is of course not limited to, an attempt to discern, for a particular child, what constitutes vital parental psychological assets.)

It’s bad enough that custody decision-making is based on a parental fitness model, but what’s even worse is that disputing parents manage to change this into a parental *unfitness* model. Hence the dispute process eventually centers around the attempt on the part of all-too-many parents to prove the other parent is *unfit*. The prevailing legal model hence actually encourages each parent to view the other parent with a decidedly negative bias.

Our hope, in pointing out to parents the potentially poisonous role of the legal system itself, is for each to realize we are trying to “say” something like the following: “You, and your kids, are being led astray by the way the legal process is indirectly encouraging you to resolve these issues. This system is encouraging each of you to prove the other parent is unfit. This will lead to continual battles and emotional bitterness. The upshot will be that neither you nor your ex will end up making important decisions on behalf of your child—some judge will.”

Most MHPs find that there aren’t too many other strategies around to unite disputing parents in estrangement/alienation cases. Since the dispute has usually been going on for years prior to the time a truly trained MHP enters the picture, each parent, and the children, approach reunification with a lot of mental baggage, much of it based on distorted information and false memories. Each parent has by now assembled a long line of “supporters” and allies for his or her position.

The MHP must be prepared to enter into a rather lengthy process. It is probably more accurate to see this process not as traditional therapy, but as a gradual teaching of skills, accompanied by whatever sense of urgency can be elicited in everyone involved knowing the “court is watching, monitoring and evaluating.” Hence the MHP must take seriously what we will expand on later in this FUTURE series: without the active involvement and interest of the court the outlook is grim. Because the MHP should be having ongoing communication with the court, highly detailed documentation about the therapeutic steps undertaken and the results attained is vital.

Please note: it is quite important for the MHP to remember that traditional therapy is rarely helpful in these cases, even though some of the persons involved in the reunification process will pretend traditional methods are helping. Note especially carefully that a disputant who claims traditional methods are helping, when there is usually massive evidence that they are *not* helping, is the disputant who in actuality wants to stall the process deliberately. This disputant is the one who in actuality fears real unification. The real purpose of the claim that traditional therapy should be given a lengthy time to succeed is actually to stall any progress toward true reunification. REMEMBER: each disputant involved, the parents as well as the children, will have multiple “hidden agendas” and it is exceedingly difficult to get any of them to drop these agendas.

Also note: it is best for a MHP seeking to help in reunification to have a highly detailed and structured plan in mind at all points during the process. A free-form, be-there-now, Zen-like approach based on establishing an empathic-connection with the disputants may not be of much help. This does not mean, however, that it is possible, especially in an out-patient setting where it is impossible to maintain rigid control over daily events and individual freedoms, to follow some inflexible cast-in-stone procedure.

These points are important, since it can be very frightening to a MHP to take on a case where all of the tools and resources, the whole bag-of-tricks he or she has spent much of a lifetime learning, are suddenly ineffective.

4. For both clinical as well as practical purposes (courtroom credibility), it is important to come up with a helpful, and hopefully accurate diagnostic assessment of a given family’s dynamics. This is not easy, and may not even be possible within the limited time-spans of usual forensic assessments, even those that go on for months. While one can detect the likely presence of PAS, the ability to sort out all of the contributing factors is not easy. Understanding the dynamics of who is doing what to whom might be essential in planning: (1) who to see, (2) the sequence to be followed in choosing who to see, (3) choosing who should be seen together and when, (4) choices about who to see separately and when, and (5) the techniques that should be used. These could include “insight,” confrontation, teaching skills of communication, teaching what goes on in estrangement cases, as well as many other techniques highly specialized for such cases.

Let us say a few more words about “diagnosis” in cases such as these.

There is no direct and predictable relationship between the causative forces at work and the outcomes attained. The use of very mild alienating techniques, for example, can result in severe alienation. Hence the choice of what one does (the illumination of which is the purpose of a diagnosis) must consider:

- (1) the situation that exists at the time the MHP enters the case;

(2) the different dynamics (each person's behaviors) that led to and/or are sustaining the current situation. We will later address the issue of what does the MHP do if it is believed that while one parent is the main cause of the PAS, the other parent contributed to it.

If the term "alienation" or PAS is used, the implication is that the eight conditions listed by Gardner apply (or at least, most of them do). Hence, to call it PAS, it is implied there is a deliberate campaign of denigration by the child and a manipulation of the child's perceptions and beliefs by the AP. Gardner further insists the "add-on" piece we just described in order to diagnose PAS as he means it should be present: the child's animosity toward the TP should be far more extensive than what one would expect based solely on what the AP has done. In other words, the child comes to treat the TP far more viciously than the MHP would expect based on the AP's behavioral patterns. There usually is no real way to know for sure how *aware* either the AP or the child is that the negativities expressed by either or both is the result of conscious lying. Further, while the implication of Richard Gardner's writing is that the AP's behaviors are "deliberate," there is again no way to know if this deliberate behavior is based on conscious lying based on pure malevolence or other psychological sources in which there is no conscious intention to lie.

There are many parental behaviors that can lead to estrangement and/or alienation.

It is frequent to see a parent who has not been able to recover from the divorce and "lives only for the children." A parent like this believes the only way to "have a life" is to become indispensable for the children. This is the parent who comes to confuse his or her own needs with those of the child. This type of parent, the one who has no life outside of taking care of the children, becomes the worst of all alienators. If a parent has no romantic involvement or at least an interesting job, (i.e., "no life") he or she has somewhat of an empty core that the children are supposed to fill. Such a parent is terrified of losing control over the children because such a loss could destabilize their mental adjustment by exposing the hollow core, which operationally leads to a feeling of emptiness and being "adrift. Such parents will rarely give up the fight to control their children's lives.

Another parental trait that leads to alienation is black and white information processing skills. People are seen as good or evil. This creates a tendency to easily demonize or stereotype.

Another cause relating to information processing occurs when a parent is weak in neural integration. Nothing ever achieves "closure" for these people. They can remain "in treatment" for years without ever changing in any significant way. After years of intervention, they usually believe *exactly* what they believed at the outset of the therapeutic intervention.

Any psychological condition that reduces the ability to form accurate perceptions and/or to link evidence to conclusions can co-create alienation.

A frequent cause of alienation can follow from a child's desire to seek the approval of each parent by either denigrating the other parent and/or by telling each parent what the child thinks that parent wants to hear. This is usually that the other parent is bad and disliked. Alienating parents will seize on these actions and validate them instead of challenging them.

Everything is made worse by the possibly poisonous negative roles played by the alienating parent's own parents (the child's grandparents) and other allies in joining the attack on the target parent. They may have a vested interest in either protecting the alienating parent or forging a closer bond with the alienating parent by destroying his or her attachments with any other individual. These allies see themselves as "protectors" of the child.

Just as bad is the collection of allies the TP gradually assembles. They demonize the AP to a degree that is destructive, constantly encouraging the TP to settle for a treatment that achieves nothing less than the total exclusion of the AP from the child's life. This typically has the effect of making the TP feel frustrated, angry and hugely impatient. Needless to say, impatience from any source vastly hurts a process that requires time and patience.

Collectively or individually, the above create estrangement. Since an MHP may not see any "intent to alienate" in many of these behaviors, the resulting outcome, estrangement and/or alienation between the child and the target parent, may not be seen as PAS. But remember, there are often no clear lines between the causal factors at work and the attained negative outcome in these cases.

For a list of the behaviors that are more clearly seen as alienating-causing factors, see the FUTURE article entitled "How Children Are Led To Be Alienated And/Or Estranged." It is numbered VI.

We want to close this section with a discussion of the issue of how a MHP might think about a case in which it is believed that although one parent is the main cause of the alienation, the other parent also contributed to it.

If you believe a child has the right to, and could potentially profit from, ongoing relationships with both parents, how you apportion responsibility for the alienation will indeed impact certain aspects of the treatment plan, *but not the main parts*.

The important conceptual, as well as practical, issue follows from the fact that once alienation is set in place the AP is in total and complete control of the child's mind and behavior. From this perspective, it makes no difference how you assign responsibility, since the key to effective treatment is squarely in the hands of the AP. Hence while you may indeed treat deficiencies in the TP's parenting practices, a treatment plan is needed which in regard to the AP either: (1) convinces the AP to cooperate; (2) compels the AP to cooperate; or (3) excludes him or her from the therapeutic plan, so that he or she cannot interfere with your work with the child.