

The FUTURE Series - V

Family Unification Techniques: Unique Relationship Enhancement

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WHY REUNIFICATION THERAPY IS NOT LIKE TRADITIONAL THERAPY

1. While people who enter traditional therapy actively hope to change at least some part of their current situation—usually the pain they are experiencing—they may also harbor deep fears of changing how they do things psychologically. (Freud called this “resistance.”) The situation in RT is quite different. Most people who enter RT (or who are court-ordered into it), do not have (only or merely) subtly unconscious fears of change; they harbor *very conscious and very strong hidden (or not so hidden) agendas that are blatantly at odds with true reunification*. They are hell-bent on getting what they want. That is, to vilify or destroy the estranged or alienated parent. (Unfortunately, the TP all-too-frequently is gradually driven, out of unbelievable frustration, to act similarly.)

2. The MHP should keep in mind at all times (unless at some point the child comes to believe he or she has been misled), that the child and the AP will use the main “method” of traditional therapy (hopefully, empathic and at least relatively truthful back-and-forth communication) simply as a way to manipulate the MHP into getting what is desired.

3. The alienated child will frequently cry and whine and whimper and scream and moan and complain as ways of showing “deep sincerity” for events being put forward as true, some referring to the present and many to the past. The problem (and tragedy) is that these displayed emotions do not necessarily reflect crocodile or manufactured tears. The emotions may very well be—and probably are—reflections of the degree to which the child believes the recounted events are true. The MHP must remember that such emotional displays DO NOT NECESSARILY represent or prove the truth of the events being recounted. They very well *may* represent the degree to which the child is assuming the truth of these events. (Some interesting research data suggest that when a child cries when talking about some abusive event, the statistical odds are higher, rather than lower, that he or she is lying.)

4. Alienated children will frequently act as though their lives are over, done with, sullied, ruined for all times, if they are going to be forced to spend time with the TP. Such wildly irrational beliefs can themselves become serious cause for concern to the involved MHPs. When the MHP stops to consider that most of the “charges” against the TP are of the Categories 2 and 3 type (see the Future article VII on ways to evaluate parental behavior: Categories 2 and 3 are highly typical of the good-enough parent), and *not* typical of Category 1 behavior, (truly neglectful or abusive behavior), the MHP will rightly wonder about the sources of such child angst. The problem for the MHP is this:

the MHP will realize that such children need some type of therapy *prior* to any attempt at aiming for reunification. As Albert Ellis would likely say, these kids have “believed themselves” into hellish states-of-mind that somehow equate agreeing to meet with a parent to the total destructions of their senses of self. So the MHP thinks: “Gosh—even if this child *never* gets to have a relation with the TP, we can’t let her go through life with such drastically self-limiting irrational beliefs about such disproportions in autonomous power between her and external-others, especially as she gets older.” In other words, the MHP may come to accept the fact that given the seemingly conflict-free pure hatred a child harbors toward a TP, and given the degree to which the child utterly and completely believes the “truths” upon which this hatred is based, that it may *never* be possible to reunify the child and the TP. But the MHP is now faced with the following question: What do I do about a child who is allowed to go forth in life not just without the love and guidance of a seemingly good-enough parent—that’s bad enough—but one who harbors such wildly irrational ideas about how he or she can be so radically harmed by any, no matter how small and/or totally supervised, visitation with another human being? This is especially vexing when the child is already an adolescent, physically strong and outspoken, one who could easily defend him- or herself, even if alone with the TP for brief (and monitored) periods of time. The irrational belief centers on the child’s suspension of any sense of self-autonomy. In other cases, the child’s fear of even tiny contact may be based on the assumption that the TP has “won” and the child has “lost.” Here, the irrational assumption is that the other person (*not* the child) gets to define “winning” and the child him- or herself is thereby forever destroyed (that is, the sense of self-autonomy). The child now goes forward with the assumption that other people can define his or her sense of safety and accomplishment. These irrational, self-limiting belief systems constitute serious neurotic patterns.

So it is decided some therapy is needed. But the problem now becomes not only “what kind of therapy,” but more immediately to the point, how do we get the child to accept therapy. For he or she equates therapy—*any* therapy—with the reunification process and hence the destruction of the self.

It will require a good bit of creativity and “salesmanship” for the MHP to assist the child in unlinking the need for therapy from the overall specific goal of a reunification process, an ability for the child to spend time with the TP.