Parental Alienation

Parental alienation (PA) is most readily understood as a condition which may be a focus of clinical attention. Depending on the individual characteristics of child and family this may be a *Parent-child Relational Problem* (V61.20) or *Child Affected by Parental Relationship Distress* (V61.29). In some cases the behaviours of a caregiver may be defined as *Child Psychological Abuse* (995.51). (APA, 2013, *Diagnostic and Statistical Manual of Mental Disorders DSM-5*)

PA is characterised by a child's strong alignment with one parent whilst rejecting a relationship with the other. This rejection seems unwarranted based on a child's actual experience of that parent, and evidence of a prior normal, loving, warm relationship. PA is most usually apparent when there is a high level of acrimony or conflict surrounding the relationship breakdown, or at some later stage.

The behavioural, contextual and psychological factors which increase the risk of PA or perpetuate PA have been consistently identified in research findings and clinical observations. These include individual factors in each of the parents such as their personality, mental health, drug or alcohol use, parenting, relationship behaviour and patterns, personal coping strategies and psychological defence mechanisms. Child factors include the age, developmental stage, personality and temperament of the child. Contextual factors include geographical distance between both homes; the duration of no parent-child contact; availability of appropriate support; new partners/relationships; domestic violence and conflict. Typical behaviours in a favoured parent include direct or indirect denigration of a parent – suggestions they are dangerous, have rejected the child, removing mementos and signs of the parent from the home, negative body language; false allegations of abuse or neglect; interfering with contact including arranging activities during agreed contact time, changing or cancelling arrangements, offering inducements not to attend contact; allowing or encouraging a child to make decisions about contact, lack of encouragement or facilitation with indirect contact, destroying or not passing on mail or gifts; involving the child in adult matters such as litigation and discussions over finances. (Baker & Darnall, 2006; Bernet, Baker & Verrocchio, 2015; Fidler, Bala & Saini, 2012; Gordon, Stoffey & Bottinelli, 2008; Siegel & Langford, 1998).

Key features of PA in a child are irrational anxiety and refusal or resistance to contact with one parent, or contact which is characterised by extreme withdrawal, or gross hatred and animosity. There are often weak or frivolous rationalisations for their criticism of a parent and an absence of guilt over their cruelty or poor behaviour. A child's behaviour may vary markedly from one situation to another. They may be comfortable, relaxed and affectionate when with a parent, but may become rejecting of that parent when in the proximity of the more favoured parent. There is often evidence of psychological "splitting" – where a child idealises one parent and devalues the other; one parent is "all good" and the other is "all bad". This is evidenced in an enmeshed relationship, reflexive support or strong alignment, with one parent. This view can extend to family and friends of the parents. Children often insist that decisions relating to their rejection or animosity towards a parent are their own – not shaped or influenced by a favoured parent. Borrowed scenarios are sometimes evident such as the use of adult language or phrases, or the presentation of information or experiences which are outside the direct knowledge of a child.

Research has identified increased clinical emotional and behavioural problems in alienated children as well as risks to a child's psychological and emotional development. Alienated children may display anger, withdrawal, aggression, defiance, rigidity and school refusal at a level that is higher than those children who maintain a relationship with both parents. Depression, somatic complaints and sleep disturbance have also been identified. Children may exhibit symptoms of anxiety or panic reactions when asked to spend time with a rejected parent and there may be a fear of leaving the favoured parent or concerns for the future and safety of this parent. Severely alienated children may act out being rude, swearing, attacking a parent, destroying property or stealing. Conduct disorder or oppositional defiance may be evident. (Baker, 2005a, 2005b; Baker & Darnall, 2006; Bernet, von Boch-Gilau, Baker & Morrison, 2010; Clawar & Rivlin, 1991; Dunne & Hedrick, 1994; Fidler & Bala, 2010; Gardner, 1985; Johnston, 2003, 2005; Johnston, Campbell & Mayes, 1985; Kopetski, 1998a, 1998b; Sauber & Worenklein, 2013; Waldron & Joanis, 1996; Wallerstein & Kelly, 1980a).

Research has identified that children who experience alienation are more likely to have an impaired ability to sustain effective, healthy relationships throughout their life-course, including work and social relationships, as well as an increased prevalence of mental health and psychiatric disorders and substance misuse (Baker, 2005a; Baker& Verrocchio, 2013; Bernet, Baker & Verrocchio, 2015; Cartwright, 1993; Johnston, 2005; Johnston, Walters & Olesen, 2005).

PA has been conceptualised as existing on a continuum from mild to severe, with therapeutic and legal interventions in response reflecting the severity and complexity (Burrill, 2006; Fidler, Bala & Saini, 2012; Rand, 1997, 2005).

Determining whether a child's rejection of a parent is justified is a complex issue. Every family and situation is unique. A careful, holistic assessment of the child's needs within the particular family context is required. This typically includes the analysis of longitudinal information about the individuals and the family dynamics from many sources – including discussions, observations, appropriate psychometric instruments, court papers, information from individuals and organisations who have experience of the child, parents or family, school and medical information. Failure to accurately detect alienation and offer appropriate intervention can have serious consequences for children and their transition into adult life. (Ellis, 2007; Fidler et al., 2012; Jaffe, Ashbourne & Mamo, 2010).

Alienation is often exacerbated in cases involving third parties, such as social care, therapists, support agencies and the legal system. Lack of knowledge and understanding by these practitioners can lead to collusion with the alienation process, particularly where information and history is garnered from one parent's perspective only (Garber, 2007; Kelly & Johnston, 2001; Kopetski, 1998a).

Dr Sue Whitcombe, Chartered Psychologist, HCPC Registered Counselling Psychologist
sue.whitcombe@familypsychologysolutions.org

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