

Parental alienation – time to notice, time to intervene

Sue Whitcombe looks at broken child–parent relationships and the damage they can cause, in the latest in our series for budding writers

At this precise moment I'm in some manic, hyperactive mode that is suppressing my exhaustion as I beaver away at my urgent 'to do' list ahead of my Friday flight to Spain. Twelve days. Twelve whole days in which I am banned from using my computer, accessing e-mails and reading anything remotely related to my research – express orders from my 15-year old daughter. I had promised her that things would be different once the 'conference season' was over. I hadn't quite anticipated the knock-on effects of disseminating my research.

My interest in psychology developed from the intertwining of two distinct threads. First, as a teacher of young people with additional needs, learning difficulties and social, emotional and behavioural problems, I became interested in their development, how they learn and barriers to their learning. As I came to know my students better, I found myself in awe of many of them. Just how did they actually manage to get into school with such regularity, considering the difficulties and challenges they faced daily, let alone engage with their learning? Second, I succumbed to a long period of debilitating depression: I had a burning need to understand why.

My journey into counselling psychology took a while longer. To be frank, like many I had never heard of counselling psychology. My recently acquired psychological understanding, my new-found sense of self and experience of personal therapy had changed my relationships with others. Friends and

family found me to be supportive, empathic and non-judgemental, turning to me for advice, to sound off or for a shoulder to cry on. A therapeutic role seemed like an option worthy of serious consideration, but I was also keen to maintain my burgeoning interest in research. Then my daughter and I developed a friendship with a father and his similarly aged daughter, whiling away many an enjoyable Saturday together. I was totally unprepared for the devastating fallout of one ordinary Saturday afternoon where I witnessed a minor disagreement between dad and daughter – over a mobile phone and a bicycle. Immediately following that trivial disagreement, this young girl ceased all contact with father; she has refused to speak to or see him for the past three years. Even as a bystander, this experience has had a profound impact on me.

Discovering parental alienation

I thought I knew children and young people quite well. After all, I had three of my own and I had worked with them for 10 years; I understood child and adolescent behaviour didn't I? So challenged was I by the behaviours I had observed, that I sought to gain an informed understanding. This was when I came across 'parental alienation' (PA). The more I read, the more I understood, the greater my shame, guilt and sadness. Shame that I had usually taken what I saw before me at face value and not sought to

look deeper; guilt that my ignorance had probably contributed to the alienation; sadness at the growing realisation that there was very little I could do to rectify the situation for this young girl and her dad. Witnessing the devastating repercussions on the lives of people I loved and cared about, motivated me to 'do' something. So began my research, my determination to raise awareness of PA and to develop resources and support where little existed – and my training as a counselling psychologist.

Parental alienation is the unwarranted or illogical rejection of a parent by a child, where there was previously a normal, warm, loving relationship. It most often occurs in highly conflicted relationship break-ups and is the result of intentional or unintentional actions, most usually by the parent with care turning their child against the non-resident parent (NRP). Over a period of time, this poisoning effect leads to the child becoming hostile, vitriolic and abusive, usually culminating with the total rejection of the NRP.

This rejection is often the only ostensible solution for a distressed child who is unable to deal with the hostility and conflict between parents. Faced with the cognitive dissonance arising from the imbalance between their own experience and external messages, a child feels compelled to choose between one parent and the other in order to minimise distress and maintain what is needed – stability. This manifests itself in a splitting defence, whereby a child views one parent as all good, and the other as all bad, unable to manage the reality that there is good and bad in both. Once PA has become entrenched it is particularly resistant to remedy other than through the passage of time (Fidler & Bala, 2010).

A pattern of behaviours common to cases of alienation was first described by Gardner (1985) and further refined in later research (Gardner, 2003). Whilst Gardner's research has been criticised as oversimplified, theoretical and subject to lack of peer review, he did bring the issue of PA to the attention of the legal, mental health

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and social care professions (Faller, 1998; Kelly & Johnston, 2001; Spruijt et al., 2005). Gardner's behaviours and symptoms have been further explored and developed and while this research cannot confirm causality, the strategies and behaviours identified are believed by the participants to be alienating (e.g. Baker, 2005; Baker & Darnall, 2006, 2007).

Whilst in the short term children who reject their parent may appear to function reasonably well in their day-to-day lives, the medium and long-term effects can be significant and distressing (Waldron & Joanis, 1996). Evidence suggests that the lifelong effects of losing contact with a parent due to a child's rejection for no significant reason are substantial. Depression, substance abuse, damaged self-esteem, and enduring relationship issues with lack of trust, divorce and alienation from their own children have been found in adults who experienced PA as a child (Baker, 2005, 2007). Not only do these children have to deal with their belief that their parent was a 'bad' person, but the later recognition that they have been forced to exclude a loving, caring, decent parent from their life may cause irreversible damage to their relationship with the alienating parent (Clawar & Rivlin, 1991).

American twaddle?

There are of course perfectly legitimate reasons why a child may reject a parent – as in cases of genuine neglect, physical or sexual abuse, or violence in the home. These cases of genuine estrangement are not covered by PA, which is characterised by a dislike and rejection of a parent for no apparent logical, significant reason.

Whilst the concept of PA is acknowledged and even seen as mainstream in many countries, it remains contentious and continues to be hotly debated as evidenced by the recent deliberations surrounding its inclusion in DSM-5 (Bernet et al., 2010). It is difficult to determine whether the benefits of a diagnosis of such a psychiatric disorder



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outweigh the risks. Risk of harm may be further exacerbated due to an increase in parental conflict following such a diagnosis, which might suggest that one parent was to blame for the situation. Such a diagnosis may be counterproductive in the reparation process. However, the absence of PA in nosologies such as the DSM, enables its denial by some, and has been blamed for a lack of research and appropriate resources to support conflicted, separating families and young people.

Although there are hundreds of peer-reviewed articles by psychologists, psychiatrists, legal and social work professionals attesting to the concept and presence of PA in highly conflicted divorce cases, it has rarely been openly or formally discussed in the UK. Anecdotal evidence, and the preliminary findings in my research, suggest that the concept is perceived as 'American twaddle' and is most usually dismissed out of hand by

the judiciary, solicitors and Cafcass officers when raised in family proceedings, despite clear reference to PA throughout the Cafcass Operating Framework (Cafcass, 2012).

I've been immersing myself in the literature around PA for three years now – scouring every journal article, magazine posting, book chapter, seminar, support group and blog that deals with the issue from one perspective or another. I have met with so many parents who have lived with PA on a daily basis – who deal with pain, loss, shame, guilt, anger, rejection, disbelief, depression, sadness, ignorance and judgement. I have met many more counsellors, psychologists, academics, teachers, social workers and lawyers who have never heard of PA. And then there are those people that happenstance dictates I bump into. In polite conversation they ask me why I'm going to a conference, or what I'm researching. After checking out – 'Do you really want to know?' (lest I should bore them) – I explain to them what PA is, and what my research is about. It never ceases to surprise and dismay me, the number of times I hear 'that happened to my son' or my partner, my daughter or my friend, a colleague.

I feel driven to raise awareness of PA in those professionals who work on a daily basis with those whose lives are damaged by this tragedy. I feel driven to raise awareness in the general public, so that PA can no longer be denied or swept under the carpet in the same way as childhood

equivalents for the parental alienation syndrome (PAS) diagnosis? *American Journal of Family Therapy*, 31, 1–21.

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sex abuse used to be. This lack of awareness exacerbates the alienation process and its impact on children and parents alike.

My decision to present at conferences this year, and particularly the Division of Counselling Psychology conference in Cardiff, was very much motivated by this desire to raise awareness in professionals who will come across PA in their daily work, yet may not be aware of it. Early responses from participants in my research align with the anecdotal evidence; many parents who have experienced PA are highly critical of their experience with psychologists. I am also keenly aware that whilst encouraging participation in my research by asking potential participants to 'add their voice' to my study, many are sceptical whether their voice will actually be heard. After all – few people have listened to them or tried to understand their situation to date.

Validation

My experience at the Division of Counselling Psychology conference this year was a very emotional and rewarding one. Prior to my attendance, I had been

advised that I had been awarded the BPS Division of Counselling Psychology (DCoP) Trainee of the Year prize for my work entitled 'Psychopathology and the conceptualisation of mental disorder: The debate around the inclusion of Parental Alienation in DSM-5' (Whitcombe, 2013). I was to receive the award at the conference.

What I could not have envisioned was that my poster presentation 'The lived experience of alienated parents: Developing a Q sort' would also be judged as best at the conference. Yes, I feel some pride, but my overwhelming emotion is one of validation: validation by my peers and my chosen profession that PA and the experience of parents in this situation is especially worthy of discussion and research.

Presenting at the DCoP conference and then at the PsyPAG conference in Lancaster the following week, I feel that I achieved my objective: the voices of my research participants were heard. It is a small step in the right direction. But then

there are also those knock-on effects, the ones I mentioned at the outset, which have found me (under my daughter's orders) in need of enforced holiday relaxation before embarking on the final year of my doctorate.

Since returning home I have been inundated with e-mails, suggestions and requests; requests for more information about PA; to write articles; suggestions for collaborative research – even an invitation to make representation to a national government. Perhaps the time is just right to be talking about parental alienation. If we fail to acknowledge it, to understand it and start to address it, we are complicit in condemning so many families to a life with limited hope, little support and the lifelong impact of relationship difficulties, mental health problems and a diminished sense of self.

"PA can no longer be denied or swept under the carpet"



Sue Whitcombe is a trainee counselling psychologist and lecturer in psychology suewhitcombe@o2.co.uk

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