

PARENTAL ALIENATION—ADOLESCENTS REFUSING ACCESS
Also Called Denial-of-Attachment or Splitting

OUTLINE

- I. **Introduction:**
There are several ways of looking at the problem: parental alienation; legitimate choice by the child; psychological symptom (denial-of-attachment and splitting); defensive detachment. This paper focuses on the psychological reaction of the child's mind, called **denial-of-attachment** (the emotional aspect) and also **splitting** (the cognitive aspect). This focus leads to constructive approaches.

- II. **The Developmental and Family Context of the Problem:**
The problem occurs in the context of family attachment breakdown.

- III. **The Problem Is a True Psychological Symptom:**
It is reactive, not deliberate behavior. It is a solution to a painful problem. It accomplishes something positive for the child. And it tells an important story.

- IV. **Children's Three Basic Reactions to Conflicted Divorce:**
Children's reactions to family attachment breakdown (divorce and parental conflict) depend on their stage of development and on parental management.
Unfortunately, these reactions tend to increase parental conflict.
 - A. **Transfer Reactions** when going from parent to parent occur mainly in younger children (1 – 4) before they can **switch** comfortably from one parental world to the other.
 - B. **Switching** occurs in young children up to adolescence.
 - C. **Denial-of-Attachment/Splitting/Alienation** occurs in adolescent children.
 - D. **Denial-of-Attachment/Alienation vs. Realistic Estrangement:** there are four defining characteristics of alienation.

- V. **Three Causal Factors in Alienation:**
 - Attitudes and behavior of the favored parent.
 - Mistakes and behavior of the alienated parent.

Dr. Gary J. Kneier, Ph.D.
Clinical Psychologist, Calgary, AB.

www.drgary.ca

Copyright Dr. Gary J. Kneier

- Internal psychological reaction of the child's mind.

VI. Treatment Approaches for Adolescent Splitting/Alienation: *(Note: This is a Separate Paper, No Longer Part of This Paper)*

- Framing the problem as a psychological reaction of the child's mind allows escape from blaming and "arguments over truth".
- The child is stressed both cognitively and emotionally.
- Securing the cooperation of both parents is crucial.
- Securing the cooperation of the favored parent is the most difficult.
- Treating the child is not the preferred approach: parental sessions are best.
- The **Mirror Principle** becomes manifest as treatment fails.
- Radical resistance and the use of authority create a dilemma.
- The real goal is for the child to regain the benefit of **two parents**.
- Treating the child's alienation reaction is like treating a **handicap**.
- A fourfold strategy for very difficult cases: reverse the situation, reopen attachment to the alienated parent, teach the child new skills, and proceed to a two-parent solution.
- Perhaps **alienation from mother** produces the strongest resistance.

VII. Common Child Issues That Also Affect Alienation Reactions: *(Note: This is a Separate Paper, No Longer Part of This Paper)*

- A. Emotional Resonance.
- B. Conflict between the Parents.
- C. An Attempt to Help the Family.
- D. Stuck Grieving.
- E. Unfinished Business of Early Childhood.
- F. Empowerment and Attachment.
- G. Defensive Detachment.
- H. Connection with Other Issues of Adolescent Development.
- I. Telling a Story That Must Be Told.

VIII. The Dangers of Choice in Alienation/Splitting Reactions: *(Note: This is a Separate Paper, No Longer Part of This Paper)*

- The underlying issues of betrayal and demonization.
- Long-term damage to attachment life.

Dr. Gary J. Kneier, Ph.D.
Clinical Psychologist, Calgary, AB.

www.drgary.ca

Copyright Dr. Gary J. Kneier

ADOLESCENT CHILDREN REFUSING ACCESS

Also called Denial-of-Attachment or Splitting or Parental Alienation

I. Introduction:

The problem of adolescent children refusing access in conflicted separated families has been steadily growing for years. This reaction of children has been conceptualized and approached in three general ways. The most popular way is to call it **parental alienation**, and to explain it as a reaction caused by alienating behaviors and intentions on the part of the favored parent. Another way is to see it as a **rightful choice** or decision made by the child in response to poor parenting by the refused parent. In this view it is often referred to as **realistic estrangement**. Finally, the refusal and accompanying psychological reactions can be seen as a **symptom**, that is, an automatic defensive reaction of the child's mind, caused by internal stress, by adolescent development, and by an unnatural and excessive empowerment of the child.

Viewed as a symptomatic reaction, the child's refusal of access can be called "**denial-of-attachment**" or "**splitting**". Cognitively, the child's mind splits the parental world into good and bad, and the child "splits off" from one parent. Or, it could be seen as **denial-of-attachment**: emotionally, the child's heart solves its painful and conflicted attachment or loyalty problems by defensively detaching from one parent. This is accomplished by a mechanism of denying the attachment of one parent and any attachment to that parent. It is accompanied by an empowerment of the child that disrupts normal attachment processes.

In my view, the first two approaches, one that blames the favored parent and one that blames the refused parent, tend to amplify both the problem (refusal of access) and the long-term detrimental consequences for the child's attachment life.

I will explain later why this is so. Of these two approaches, the most problematic is the second, the one that sees and approaches the refusal of access as a rightful decision or choice by the child. This approach, often adopted by legal and mental health child advocates, as well as by the favored parent, maintains that the refusal of access represents a **realistic estrangement** from the rejected parent. In the majority of cases this is not so, and approaching it this way exposes the child to serious emotional

Dr. Gary J. Kneier, Ph.D.
Clinical Psychologist, Calgary, AB.

www.drgary.ca

Copyright Dr. Gary J. Kneier

consequences later on. This approach also dramatically empowers the child in a way destructive of normal attachment processes. I will explain why this is so, as well as how to distinguish between realistic estrangement and the splitting/alienation reaction.

The approach that blames the influence of the favored parent and the one that focuses on the symptomatic reaction of the child have one thing in common: they both see the problem not as a choice or decision by the child, but rather as unconscious or non-voluntary reactions by the child's mind.

The best approach, and the only one that leads in a constructive direction, is the symptomatic approach, the one that maintains focus on the child and what is happening to the child psychologically and emotionally. This approach will form the bulk of this paper. Associated but separate papers discuss treatment approaches, the issue of the child's choice, common child issues often involved, ways the legal system might help with this problem.

II. The Developmental and Family Context of the Problem:

A family is a network of attachments. Family is both the original purpose of human love and the place where it develops and grows. Attachment is fundamental to the survival and development of our species, and thus is programmed deep into our nature. A major part of each human being's development depends on and derives from the journey of attachment within the family. Human attachment is always hierarchical and mediated. It flows from top to bottom, and depends on a clear structure. Especially in a family, the flow of attachment can become seriously disrupted in the absence of a clear hierarchical structure (authority).

A divorce represents a breakdown of one of the major attachments in the family—the attachment or love between the father and mother. It was this attachment that created the family. It was in the context of this attachment that each child formed an attachment with each parent, beginning with the mother. Each infant arrived in the world with strong and fundamental instincts to attach to and love its principal caretakers, usually its biological parents. When the attachment between the parents is broken, it sends an earthquake through the attachment life of every family member.

Dr. Gary J. Kneier, Ph.D.
Clinical Psychologist, Calgary, AB.

www.drgary.ca

Copyright Dr. Gary J. Kneier

Four things seem to determine the way in which a child will react to this profound shakeup in his or her attachment world and life: 1) the particular temperament of the child; 2) the pre-separation attachment culture within the family; 3) the way the parents manage attachments and the necessary hierarchical structure after the separation; and 4) the particular personal adjustment of each parent. Most families manage to make the difficult and stressful transition from a married family to a separated family in such a way that the remaining family attachments (of children to each parent and to each other) are protected, and the ongoing development of the children's attachment lives is not seriously compromised.

In some families, however, the attachment culture and hierarchy in the family become poisoned by ongoing parental conflict, stress and animosity. As is the case with all painful human experiences, the emotional reactions of divorcing parents tend to flow in one of two basic directions—sadness/fear/self-doubt or anger/blaming/vindictiveness. These reactions, which if prolonged represent an inability to grieve for and accept the loss of the marital attachment, begin to make the family attachment atmosphere toxic, or at least very challenging, to the children's emotional development. Also, the painful loss of the marital attachment often tends to amplify parents' attachment to the children, so that the children become an exceedingly important and overriding focus for each parent. The fear of any loss or diminution of connection with the children is at the core of much parental conflict. This is how the hierarchy begins to fail, while the child becomes more and more powerful, and more and more stressed.

III. The Nature of Psychological Symptoms: *(There is also a Separate Paper about This)*

This paper is based on the conviction that the parental alienation reaction is a true psychological symptom. In order to understand what this means, I need first to share with you some basic characteristics of these kinds of reactions.

Psychological symptoms are unconsciously motivated. They are not deliberate behavior. We do not really choose to do them. They are reactions. They seem to happen to us. They kind of have a life of their own. They are powerful and compelling, yet apparently unreasonable. They are usually troubling and disturbing. Yet these reactions persist in spite of conscious and reasonable attempts to get rid of them or alter them. The mind may find many ways to rationalize them, or to talk itself

Dr. Gary J. Kneier, Ph.D.
Clinical Psychologist, Calgary, AB.

www.drgary.ca

Copyright Dr. Gary J. Kneier

out of them, but they persist. They usually follow a recurring pattern. Sometimes they even seem like a lifestyle.

Some common examples of symptoms are recurring thoughts and feelings of worthlessness; a propensity to wilt or cry easily; a propensity to become angry and blame others; excessive use of video games; unnecessary shoplifting; recurring marital arguments; loss of interest and motivation; recurring painful and unsuccessful relationships; compulsive behaviors like gambling, shopping, sexual addiction; excessive controlling behavior; excessive emotionality and drama; withdrawal from intimacy and closeness; habitual avoidance of responsibilities; inability to regulate stress; excessive susceptibility to guilt; and on and on the list goes on and on.

The reason we have psychotherapists is that such behavior patterns become troubling yet persist. What makes a therapist helpful is his or her knowledge about the nature of symptoms and how to relate to them. Therapists know that attacking the apparent unreasonableness of symptoms is usually not very helpful. The poor sufferer or the family has already done this for a long time, yet to no avail.

Therapists have a different lens through which they look at symptoms, that is, at apparently unreasonable, troubling, recurring emotional or behavioral reactions. Looking through the therapist's lens, you see symptoms in the following way. They are created by the mind. But the owner of the mind was not consulted about them. They arose unconsciously and automatically. They are not really choices, even though they may seem to be. The therapist sees that there is a mind, and the owner of the mind—the self. Symptoms are disturbing because they are often experienced as “not self,” “not me.” “It keeps happening to me and I can't stop it.” The therapist knows that this is really true—we are **not** our minds, thank goodness. We **have** minds. Our minds operate according to various dynamics.

We can notice and observe these dynamics. This ability to reflect and observe is what saves us when our mind creates trouble. Therapists observe the mind and, in so doing, invite their clients to do this also. **Careful observation will reveal that all psychological symptoms have three main characteristics**, in addition to being unconsciously motivated and compelling.

Dr. Gary J. Kneier, Ph.D.
Clinical Psychologist, Calgary, AB.

www.drgary.ca

Copyright Dr. Gary J. Kneier

First and foremost, symptoms are not irrational at all. They in fact represent a creative solution to a very painful problem. True, this solution may itself be painful or costly, but it is always less painful than the real problem. The symptom avoids the real pain and keeps it from being experienced. At the time the symptom was formed, this was a good deal. By the time the symptom has brought you to a therapist, the symptom has become almost equally painful on the one hand, and your development has made you strong enough to experience more of the real pain on the other. You and your therapist will decode the symptom and face together the real pain, after which the symptom will not be compellingly necessary, but optional. You will discover the serious problem and pain that the symptom was trying to solve.

Second, far from being maladaptive, symptoms are in fact accomplishing some important positive purpose in the individual's life. In addition to solving some unconscious painful problem, the symptom also has some secondary positive benefit in the person's life. Discovering this positive purpose and becoming aware of it when the symptom is occurring tend to be very helpful. The symptom becomes less unconscious and more deliberate. The mind is then able to find better and less troubling ways to accomplish the purpose. The symptom loses power. Therapists help to find this hidden positive purpose, and to encourage reflective awareness.

Finally, symptoms are telling a story. They are also memories. They contain the issues and elements of their origin. Therapists help to decode the symptom and articulate its story. Symptoms persist because the human mind insists that the story be told and understood. When this happens, and the associated pain is finally understood and digested, the symptom is no longer necessary. To create the symptom and to survive pain early in life, the mind needed to sacrifice or put aside some important part of the self. In contacting the story through the symptom, this part of the self is discovered and reawakened. There is a pearl in the mud, a treasure in the pain. This is why therapists see symptoms as memories and go into the past.

To illustrate these concepts, let's look at a very common symptom like excessive controlling behavior. The behavior is persistent and automatic, in spite of attempts to reduce it. Even though it causes stress and relationship problems, the sufferer cannot stop it. What painful problem is this automatic behavior solving or avoiding? What positive thing is it

Dr. Gary J. Kneier, Ph.D.
Clinical Psychologist, Calgary, AB.

www.drgary.ca

Copyright Dr. Gary J. Kneier

accomplishing in the person's life? And what story is it telling about the past?

While the meaning of any particular symptom is always unique to each individual, a story similar to the following could emerge as the symptom is decoded. If the controlling behavior were to stop, the person might begin to experience a lot of painful insecurity, or fear, or self-doubt. The person might even not know what to do and become painfully indecisive or feel lost. Worse yet, confusing and strong (*felt to be difficult to control*) emotions might begin to occur inside the person. Thus, the symptom, probably a life-long way of being in the world, is attempting to solve and avoid these painful problems. It also is achieving the purpose of feeling strong, definite, clear, and in control of oneself. It might be discovered that the controlling symptom is also telling a story about a chaotic, insecure and anxious world in early childhood. The symptom was formed as a way to adjust to this world. It was necessary to attempt to control not only the outside world, but even more so the inside world of strong emotions, especially perhaps anger, which would not have been tolerated in the family.

Decoding the symptom in these ways would lead to discovering those aspects of the self that had to be sacrificed in early childhood, in favor of rigid inner and outer control. Things like spontaneous creativity, playfulness, a trust in one's own and other's emotional reactions, and a trust in freedom could be discovered and activated. The ability to control would not go away, but would become balanced by these other things. But alas, this could only happen by first experiencing the real pain inside. Once this pain is known and digested, then the symptom would lose its power to compel life adjustment, and the sacrificed parts of the person could finally emerge.

In what follows, I will show how the reaction called parental alienation or splitting is a true psychological symptom. Even though it appears to be a choice and is presented as such, I will show how it is really reactive, compelled, and not a choice. I will show how it is a solution to a very painful problem, how it accomplishes an important positive purpose for the child, and how it tells a story about attachment pain in the child and in the family.

Dr. Gary J. Kneier, Ph.D.
Clinical Psychologist, Calgary, AB.

www.drgary.ca

Copyright Dr. Gary J. Kneier

V. Children's Three Basic Reactions to Conflicted Divorce:

(There is also a Separate Paper about This)

A family is a network of attachments. Family is both the original purpose of human love and the place where it develops and grows. Attachment is fundamental to the survival and development of our species, and thus is programmed deep into our nature. A major part of each human being's development depends on and derives from the journey of attachment within the family. Human attachment is always mediated and hierarchical. New attachments flow from present attachments: we are designed to attach to people who are attached to each other. Also, attachment flows from top to bottom, and depends on a clear structure. Especially in a family, the flow of attachment can become seriously disrupted in the absence of a clear family structure.

A divorce represents a breakdown of one of the major attachments in the family—the attachment or love between the father and mother. It was this attachment that created the family. It was in the context of this attachment that each child formed an attachment with each parent, beginning with the mother. Each infant arrived in the world with strong and fundamental instincts to attach to and love its principal caretakers, usually its biological parents. When the attachment between the parents is broken, it sends an earthquake through the attachment life of every family member.

Children react in three basic ways to disturbance or stress in their attachment atmosphere. These reactions are instinctive and automatic, not the result of conscious decisions. Unfortunately, all three of these reactions, which are a response to parental conflict or stress, tend to amplify or escalate that conflict. It is crucial that parents become aware of the nature of these reactions, so that the child's reactions do not cause increased conflict, but rather increased cooperation. **Knowing and being able to interpret these reactions** are the principal ways that professionals—lawyers/mediators/counselors, parent coordinators, and mental health professionals—can help parents to avoid escalating conflict and to begin cooperatively to help their children. As children's reactions diminish, so does parental conflict.

A. Transfer Reactions:

The first basic reaction I call **transfer reactions**. These can occur at all ages, but are the most problematic with very young children, age five and under. In general, transfer reactions stem from the stress the child experiences in transferring his or her attachment from one parental world

Dr. Gary J. Kneier, Ph.D.
Clinical Psychologist, Calgary, AB.

www.drgary.ca

Copyright Dr. Gary J. Kneier

to the other. When this transfer is not facilitated by attachment, or at least friendliness and ease, between the parents, it is stressful and challenging for the child. Attachment theorists tell us that all attachment is hierarchical and mediated—attachment to a new person flows from and through the child's perception of attachment between the giving caretaker and the receiving caretaker. The more abrasive the atmosphere between the parents, the more stressful it is for the child. When these reactions are not intense, the parents usually recognize them as such and find ways to help and encourage the child's transfer. However, there are two forms of **intense transfer reactions** that tend to escalate parental conflict.

Intense transfer reactions in very young children usually take the following form. The child goes off to father with little or no reluctance or reaction. The child has a fun and good time with father and transfers back to mother with little or no reaction. Then the child is all out of sorts and reacts intensely when back with mother: maybe becoming very clingy and weepy; maybe depressed and tired; maybe angry, uncooperative and tantrums; maybe unable to settle or sleep; etc. Mother is convinced this has to do with some sort of bad experience with, or poor parenting by, father. She believes access should be decreased. Father, who knows things were great during the visit, believes either that mother is lying in order to take the child from him, or that the child is reacting because of mother's unreasonable fears or exaggerated emotionality. Conflict escalates, as do the transfer reactions. And all we really have is a young child reacting in very common ways either to the stress of transferring in a toxic and abrasive atmosphere, or just to the challenge of adjusting to abrupt changes in a divided world, where normal attachment processes have been disrupted.

While this interpretation may seem hard to accept, it is amazing how quickly and easily these reactions diminish or disappear as the parents find ways (usually with the help of a professional) to show the young child that mother and father are okay with each other, can smile at each other, can directly hand off the child to each other, and can be interchangeable just like the good old days (pre-separation).

Intense transfer reactions in older children (age 8 – 12) are different but equally dramatic. The child digs in and refuses to transfer, often launching all sorts of complaints about, or fear of, the receiving parent. These intense transfer reactions by children for whom "**switching**" (to be

Dr. Gary J. Kneier, Ph.D.
Clinical Psychologist, Calgary, AB.

www.drgary.ca

Copyright Dr. Gary J. Kneier

discussed next) has become exceedingly stressful are often mistaken for **splitting/alienation/denial-of-attachment reactions**.

It is important to remember that they are transfer reactions. The child must have reached at least early adolescence (11 – 13) to have a true denial-of-attachment reaction. **These intense transfer reactions of older children differ from alienation** in this way—once the transfer is made, the child is able to “switch” and fit with the receiving parent. In an adolescent with a denial-of-attachment/alienation reaction, the “switch” or fit does not occur, or only minimally so, even when the transfer is finally accomplished. These intense transfer reactions are often a precursor to splitting/alienation and should be seen as a serious warning alarm. The remedy, and the best insurance against proceeding to full-blown alienation, is to get the parents together, with a professional, interpret the children’s reactions as a response to their long-term toxic atmosphere, and help them to proceed to a less polarized and more cooperative atmosphere. There are then fairly simple ways of helping their children.

B. Switching:

As the parents compare notes in treatment sessions, they will discover the second basic reaction of children to conflicted divorce—“switching.” **Switching** is a process that occurs in all preadolescent children. It is an internal psychological process whereby the child fits in with the adult world caring for him/her at the time. This process derives from a very strong instinct that has evolved in human children. Human children are far more dependent on their parents, and for a far longer time, than the offspring of any other species on earth. The survival of our species requires preadolescent children to fit with and attach to their parental (and other care-taking) settings easily and automatically. If we offer children an attachment world that is tensely divided or conflicted, we will find them automatically fitting with each parent in turn. In so doing, their feelings, preferences, reactions, and even memories will change, often dramatically. They will not be aware of this process. If you talk to enough of them and help them to become aware of it, the word they most often use to describe it is “switching.” Thus, I have adopted this word as a technical term.

Unless the parents are communicating well about the child, they will not notice the switching until it begins to cause conflict. Then, the child’s differing desires and preferences, or complaints about the absent parent, or fluctuations in behavior will become evident.

Dr. Gary J. Kneier, Ph.D.
Clinical Psychologist, Calgary, AB.

www.drgary.ca

Copyright Dr. Gary J. Kneier

The remedy or treatment for switching is twofold. First and foremost, the parents need to realize that it is occurring—that their child is changing dramatically as he or she goes back and forth in a divided world. They must come to realize that this is happening because their polarization is very stressful for their child. They must come to realize that their child's reaction is fuelling and increasing their conflict. They must stop arguing about which is the “real” child—the one mother sees or the one father sees. They must especially give up the notion that one is telling the truth and the other is lying—or worse yet, that the child is lying. It is not about lying: it is about switching, which is equally real in both worlds, automatic, outside the child's control, and impossible for the child to stop.

“Arguments about truth” are the most potent cause both of switching and later of splitting/alienation reactions. The second most potent cause is incessant **blaming** between the parents. Parents often need professional help to recognize the switching and to remedy the processes that are causing it. Once this is done, there are a number of fairly simple strategies that parents can employ to show their child that his or her two worlds are not so divided and polarized, and that there is “fresh air” flowing between the two worlds. These strategies will reduce switching dramatically, and consequently, they will also reduce parental conflict.

Once the parents have made progress in conflict reduction and in their responses to the switching, they can move to helping the child directly. They can let the child know that they are talking to each other, that they have become aware how difficult their conflict is for the child, that they have noticed how the child changes without even knowing it, and that they are aware of the child's complaints about each parent. They can help the child become aware of the switching process, which is automatic and beyond the child's control, without ever making it an issue of “truth or lie.” Most of all, the parents can let the child know they understand it all happens because the child loves both parents and finds it difficult that the parents do not love each other. They can acknowledge the problem is about love, not about truth or lies, good or bad, guilty or innocent. Hopefully, the child's reactions will then accomplish their real purpose—the development of a more peaceful, compassionate and loving family. Switching will then become less necessary and the child's personality development can proceed in a more healthy way.

Dr. Gary J. Kneier, Ph.D.
Clinical Psychologist, Calgary, AB.

www.drgary.ca

Copyright Dr. Gary J. Kneier

Switching is both good news and bad news for the child. On the one hand, it is a capacity given by nature to help the child cope with a divided life in a conflicted attachment world. On the other hand, it tends to fuel and increase the parental conflict. But worst of all, it is a very poor preparation for adolescence.

C. Parental Alienation or Splitting or Denial-of-Attachment:

We have seen how young children are designed by nature to bond with and attach to their parental world. They are designed to arrive in and attach to a world of peace and cooperation. We have seen how, because of this design, if we offer children a non-peaceful and non-cooperative world, they will develop transfer reactions, especially when very young. Gradually, their nature causes them to develop switching reactions. Generally, as they learn to switch and fit with each parent in turn, their transfer reactions subside. All of this happens because nature tells young children that the primary purpose of their lives, on which their survival depends, is to fit with and attach themselves to their parental world.

Alas, we know, but the child does not, that nature is going to change this message. With the arrival of adolescence, at age 11 or 12, nature begins giving children a new message, and begins deleting the old one. It is as if nature begins saying to the child, "The joke is on you, kid. The purpose of your life is not to fit with your parents. The purpose of your life is to grow up, have your own ideas and opinions, form a stable personal identity, and become more independent. In order to help you with this, I am going to prune away a lot of your instinct to fit with your parents, and I am going to grow an ability to think for yourself and even to criticize your parents. Sorry, but it will appear that your parents are becoming increasingly stupid."

If in preparation for this change, a child has been relying for years on switching, he or she will experience four problems over and above the normal problems of adolescence. First of all, as the ability to switch decreases, the child will experience increased difficulty in living a divided life. Second, the child will have a less developed sense of self and thus be more vulnerable to the pressures of adolescent life. Third, normal adolescent disillusionment with the adult world will be heightened as the adolescent notices the longstanding family problems and dysfunction. "Arguments over truth" will likely intensify. Finally, since adolescent problems often represent a reworking of the unfinished emotional business

Dr. Gary J. Kneier, Ph.D.
Clinical Psychologist, Calgary, AB.

www.drgary.ca

Copyright Dr. Gary J. Kneier

of early childhood, the child is more likely to develop dramatic problems and issues.

All of these factors result in increasing stress for children entering, or already in, adolescence, within the context of a divided life between conflicted and polarized parents. Switching begins to fail. Transfers are more and more stressful. Parental arguments over truth intensify. Often parental fears and personality problems also come into play. The experience of attachment within the family becomes stressed to the breaking point. Rather than break from all this stress, the adolescent's mind protects itself in the only way it can. It **splits off** from one parent and world and attaches itself strongly to the other parent and world. It denies its attachment to one parent and amplifies its attachment to the other. This is not a conscious decision but an automatic self-protective reaction by the child's mind. It happens in the context of total hierarchical breakdown in the family. Parental authority and structure are lost, and the child becomes exceedingly powerful.

The splitting reaction is often preceded by a particular intensification of the switching reaction as the child approaches adolescence (about age 9 – 11). This intensified switching reaction takes the form of the child complaining about the absent parent. As the child gets older and switching gets more difficult, the child's mind often resorts to such complaints. This helps make the switch easier. Generating, emphasizing, or remembering negative things about the absent parent helps both to say goodbye to that parent, and to align with the present parent. The more there are negative attitudes between the parents, and the more divided the child's life is, the more likely it is that this reaction will occur. If parental structure and cooperation are not equal to this challenge, the child's complaints, and the child, will become more and more powerful. It is still a switching reaction, because the child expresses complaints to both parents, and because the child can be all right with each parent in turn. But if the parents are not talking and comparing notes, and the child's two worlds are very isolated and polarized, this complaining reaction quickly intensifies parental conflict, especially arguments over truth. The stage is set for the splitting/alienation/denial-of-attachment reaction as adolescence arrives.

When the **alienation reaction** begins to occur, the parental conflict escalates dramatically. The child perceives one parent as good, the other as bad. The child's mind begins to generate fear of, avoidance of, resistance to, and complaints about one parent. Denial-of-attachment is

Dr. Gary J. Kneier, Ph.D.
Clinical Psychologist, Calgary, AB.

www.drgary.ca

Copyright Dr. Gary J. Kneier

achieved in the way the human mind always accomplishes denial of a stressful reality—by pretending the opposite. The alienated parent is demonized, all caring and love are denied, all good memories vanish and are replaced with negative memories. The one-sided intensity of the reaction, the total lack of any sense of regret or loss or anguish, and the imperviousness to any objective facts make it very clear this is a denial reaction. The fears and complaints find a sympathetic ear in the favored parent, and the child attaches strongly to this parent. Each parent intensely blames the other for what is occurring. Very quickly the denial-of-attachment/splitting/alienation reaction hardens.

The child steadfastly refuses to see the denied parent. Great fear, or anger, is generated. All positive memories vanish, as the child's mind feeds on and nurtures whatever negative memories or experiences it can. The poor split-off parent is outraged, blaming the favored parent for what is happening. The favored parent, meanwhile, is sympathetic to the child's complaints, fears, and distress. It seems obvious to this parent that the other has caused the child's reaction, and that the child needs support. Often the child resists access in spite of the favored parent's encouragement of access. Sometimes, but not in the majority of cases, and often not in the beginning, the favored parent does encourage and welcome the child's avoidance of the other parent.

D. Distinguishing Denial-of-Attachment/Alienation from Realistic Estrangement:

The reader will notice that this denial process has been described as a non-volitional reaction of the child's mind, not as a choice and not as brainwashing. The splitting reaction is seen as a true psychological symptom (see above *The Nature of Psychological Symptoms*). As such, it should not be seen or treated as a choice (see below *The Dangers of Choice in Alienation Reactions*). While this is true in the vast majority of cases in my experience, resistance to or refusal of access is not always an alienation reaction. Sometimes, there is a **realistic estrangement** from one parent, due to a history of poor or conflicted attachment, real and serious parenting problems, or serious mental problems in the refused parent. The child will have mixed feelings and both positive and negative memories. There will be some regret or concern about not seeing the refused parent. There will be some hope or opening for a change. And there will be a realistic description of that parent: one that is not totally negative or demonizing, and one that is consistent with an objective assessment of the parent and the family history.

Dr. Gary J. Kneier, Ph.D.
Clinical Psychologist, Calgary, AB.

www.drgary.ca

Copyright Dr. Gary J. Kneier

The **splitting/alienation/denial-of-attachment reaction**, on the other hand, while it can take many forms, (fear, anger, abuse allegations, blame, hurt feelings), **always seems to include four strange characteristics that mark it as a symptomatic (non-conscious) reaction.**

1. First, the reaction requires adolescent development (age 11 or 12 and usually older), such that switching cannot and does not occur, and such that the refusal is not just a transfer reaction.
2. Second, the child seems remarkably free of any guilt, anguish or remorse about the reaction. It is as if some part of the child's mind knows it is not really a choice.
3. Third, the child cannot remember any good times with the alienated parent, and will deny any such if evidence is produced. It is as if some part of the child's mind knows that this is not about facts but about the need to clarify and simplify the world.
4. Finally, the child will complain that the alienated parent "did not care" or failed in some way. Yet when it is pointed out that the offence taken implies a wish for the parent to love or care, this is immediately denied, and then ignored. It is as if some part of the child's mind knows that attachment is there, but it cannot and must not be acknowledged or experienced at this time. It must be denied by pretending the opposite.

Another noteworthy aspect of this denial or alienation reaction is that it works. It is a symptomatic reaction of the child's mind, the purpose of which is to reduce the stress in the child's life. Almost always, the child appears happier and more relaxed. School work often improves, as do behavior and social life. All of these changes confirm for the favored parent the belief that the problems were being caused by the alienated parent, and that the child has wisely decided not to see that parent. What is not so obvious is the great harm occurring invisibly inside the child's mind and heart.

As in most things psychological, if there are two possibilities, **realistic estrangement or parental alienation**, it is possible and often the case to have some of both going on. Unfortunately, it is part of the alienation reaction that both the child and the favored parent will present it as a realistic choice. Most often, however, this is not the case, even though there may be some problems in the parenting of the refused parent. In my view, unless it is clearly a case of realistic estrangement, the safest and most accurate approach is to see the refusal (alienation) as principally a

Dr. Gary J. Kneier, Ph.D.
Clinical Psychologist, Calgary, AB.
www.drgary.ca
Copyright Dr. Gary J. Kneier

psychological reaction and not as a choice. This approach can include treatment for the refused parent's problems, and often there are some issues that need attention.

V. Three Causal Factors in Splitting/Alienation:

From the foregoing, we notice several important things about the alienation problem. **First**, the problem occurs in high conflict, divided, polarized families. **Second**, it is best seen in the context of the other two symptomatic reactions that children have to a stressed family environment—that is, a family environment where fundamental attachment processes have gone awry. Very young children have transfer reactions. They cannot yet switch or split/alienate. Preadolescent children can both switch and have transfer reactions. They cannot yet deny-attachment/split/alienate. Adolescent children can have all three reactions. They alienate when switching can no longer manage the increased stress of a polarized life and severe loyalty conflicts in adolescence. Nor can they manage the empowerment that comes with the disappearance of parental authority. **Third**, all of these reactions are automatic attempts by the child's mind to solve a huge and stressful attachment problem.

This frame of reference has emphasized what goes on inside the child. This emphasis is important, as it will point us toward constructive approaches to the problem, and alert us about the dangers of non-constructive approaches.

It is clear, however, that every alienation reaction involves three people: a child, a favored parent, and an alienated parent. Thus, in most cases, there are three factors at work:

1. The attitudes, sympathies, influences, and sometimes emotional problems of the favored parent;
2. The mistakes, reactions, and sometimes history of disturbing family conduct of the alienated parent;
3. The defensive, survival reaction of the child's mind, desperately trying to deal with intolerable stress, which is accompanied by an empowerment that disrupts normal attachment processes.

All three factors are important. The first part of this paper has focused on the third factor, the child's defensive reaction, because it is the least visible. Furthermore, in most cases (but not all) it is also the most

Dr. Gary J. Kneier, Ph.D.
Clinical Psychologist, Calgary, AB.

www.drgary.ca

Copyright Dr. Gary J. Kneier

significant factor. However, in each case it is important to assess the relative weight of each factor.

Most approaches to the problem focus on one of the first two factors, the influences of parental conduct or attitudes. In essence, these approaches blame the child's splitting reaction on one of the parents. Most often, the favored parent is seen as overtly or covertly influencing the child into refusing access. Child advocates—mental health and legal—on the other hand, hearing the child's complaints and looking at the family history as presented by the favored parent and the child, tend to blame the rejected parent. These approaches tend not to help, because they focus on blame, they tend to increase the parental conflict, and most often they intensify "arguments over truth" as the issues of blame are argued. They also tend to further empower the child. **If the third factor (the symptomatic reaction of the child's mind) is indeed of primary importance, then it should be clear that any process that increases parental conflict, adds to blaming and "arguments over truth" regarding the child, or further empowers the child will make matters worse.**

A successful approach to the problem will be one that results in a beneficial and viable relationship between the child and both parents. In order to achieve this, attention will need to be paid to all three factors—the influence of the favored parent; the reactions and conduct of the alienated parent; and the child's need for a more peaceful and functional divorced family, where parental cooperation reestablishes parental structure and authority.

As a bit of an aside, the notion that the alienation reaction is principally a matter of brainwashing, influence, or manipulation by the favored parent raises a curious question. While it is true that young children can easily be influenced by parental comments and beliefs; it seems to be a hallmark of adolescent development to challenge, question, and even resist adult, especially parental, dictums. It would be far more reasonable to expect resistance, even backfire, from an adolescent in the face of attempts to brainwash, influence, or manipulate. The average adolescent seems to have a heightened sensitivity and resistance to such things. Nor can we assume that it is unusually weak and compliant adolescents who are brainwashed or manipulated into the alienation reaction. The facts are just the opposite. Alienated adolescents are very empowered and outspoken. They are fully prepared to argue with adults, even lawyers, therapists, and judges. And they take great offence at any implication they are influenced

Dr. Gary J. Kneier, Ph.D.
Clinical Psychologist, Calgary, AB.
www.drgary.ca
Copyright Dr. Gary J. Kneier

or manipulated. If they know one thing for sure, it is that their thoughts and feelings are their own. Clearly, in the case of adolescent children, we need a better theory than manipulative influence.

Note: Following from the perspective given in this paper, there are a number of associated papers that can be accessed in the Table of Contents:

Treatment Approaches for Parental Alienation

The Dangers of Choice in Alienation Reactions

The Issue of the Child's Choice in Alienation Reactions

Common Child Issues that Affect Alienation Reactions

Summary of Parental Alienation for Judges and Parents

Getting a Lawyer for the Child

Guidelines for Judges Talking to Alienated Children

How judges and Therapists Might Work Together