

**Dr. Gary J. Kneier, Ph.D.**  
**Clinical Psychologist, Calgary, AB.**  
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## **TREATMENT APPROACHES FOR DENIAL-OF-ATTACHMENT/ALIENATION REACTIONS**

### **Introduction**

This paper will discuss some of the issues and processes involved in treating alienation reactions in the context of a psychology practice. (There are other more intensive approaches involving group and residential settings.) This paper will focus on the following issues:

- \* 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**.
- \* 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.

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

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## **Treatment Issues: Discussion**

Successful treatment of **parental alienation** or **denial-of-attachment** is very difficult. Alienation is a very potent family symptom. Like all symptoms, it represents a solution, albeit a disturbing and high-cost one, to a very real problem, and the difficulty in remedying it is in direct proportion to the magnitude of the problem the symptom is trying to solve. Like all symptoms, denial-of-attachment occurs because it is less painful than the available alternatives. As in treating all symptoms, the therapist needs to be aware of these characteristics.

All three family members—mother, father and child—play some part in the development of the symptom. This means all three will need to face and endure some significant pain and stress if it is to be remedied. The symptom is the outcome of a very painful and dysfunctional family experience, which has led not only to a conflicted divorce but also to the splitting/denial-of-attachment symptom in the child.

Much has been written about the psychological factors in mothers and fathers that contribute to, or help cause, the alienation symptom. In relating to the problem as a therapist, mediator or assessor, however, I prefer to focus on the child's story for several reasons. Focusing on parental problems tends only to increase defensiveness, blaming and conflict. Parents are usually afraid and desperate with regard to each other. They are often locked into legal positions. There is felt to be too much at stake to put down defenses, to reflect on one's self, or to acknowledge any part in the problem. Focusing on the child, on the other hand, taps into the parents' love for the child, which is the only thing they have in common. It is often also the only thing that will allow them to rise above their own feelings and deal with each other. Parents in general are usually more able to reflect on their child's difficulties than on their own. It helps self-esteem to identify and respond to your child's symptoms; but in times of stress it challenges your self-esteem to look at and deal with your own symptoms. Children's symptoms, in fact, are often the occasion for parents dealing with their own problems.

However, the most important reason to focus on the child is that the symptom exists in the child's mind. It is first and foremost a solution arrived at by the child's mind as a reaction to intolerable pain and stress and to the breakdown of family attachment hierarchy. The pain and stress come from trying to love two parents who offer the child a world marked by

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intense loyalty conflict, blaming, and usually very different views of reality that result in intense arguments over truth and lies. This makes both the area of love/attachment/loyalty **and that** of curiosity/learning/judgment very painful for the child. **The child is stressed both emotionally and cognitively.**

This is why the child, after splitting from one parent by denying attachment to that parent, almost invariably improves emotionally, academically and behaviorally. Like most symptoms in children, alienation is an alarm going off, saying two things: there is great distress and pain, and the family needs help. Like all symptoms, there is a way in which this one is right, wise, and accomplishing a very important purpose. It **is** better than the available alternative. It indeed would be more damaging to the child's mind and heart, less psychologically survivable, and more painful to continue trying to grow up in the conflicted family context than to lose one parent to alienation. If this were not so, the alienation probably would not occur. The human mind is not stupid: it only resorts to the generation of serious symptoms (in this case denial) for important reasons. What the alienation symptom really does is make visible to, and perceptible by, the parents the unseen torment, damage and pain that was going on invisibly in the child for a long time.

**Securing the cooperation of both parents is crucial:**

The first step in treatment is to get the parents able and willing to meet with each other in a joint session. The favored parent (usually the mother) needs to realize how dangerous and damaging the alienation symptom really is, in spite of the child's apparent improvement and good adjustment. She needs to put aside her fear and animosity. She needs to realize how empowered the child has become in the absence of parental cooperation. She needs to learn how to deal with the child's complaints about the alienated parent and how to deal with resistance to access. The alienated parent needs to realize that blaming the other parent for the alienation will only make the problem worse. He needs to put his outrage aside. He needs to learn how to relate to a very resistant child, and how to address the child's problems. Parental teamwork and authority need to be reestablished, in the face of strong resistance from the child.

In terms of treatment, the more the favored parent holds on to the notions that the problem is caused by the behavior of the rejected parent, or that it is a matter of the child's choice, or both, the more difficult it will be for the child to reopen attachment to the rejected parent. Similarly, the more the

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**Clinical Psychologist, Calgary, AB.**

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rejected parent clings to blaming the favored parent as the cause of the problem, the more difficult treatment will be. The therapist will simply get caught up in the argument over truth between the two parents. Changing, or at least putting aside, these two parental attitudes and convictions is the key to successful treatment.

This is as it should be. The child's mind has developed the reaction precisely because it knows that it cannot tolerate trying to be a loving child in such a stressful and toxic atmosphere. The child's mind is right: the only available solution is to deny attachment to one parent ("denial" is a technical term—it is an unconscious psychological mechanism that defends against intolerable pain by pretending that reality is different than it really is). In the case of the alienation symptom, the child's mind "pretends" that one parent is a demon and unlovable in order to protect itself from experiencing its real love and attachment, which would cause stress and pain.

The favored parent needs to be firm, even to the point of incurring the child's anger. In fact, one of the first ways the child re-experiences two parents on a level playing field is by becoming angry at both of them. This anger represents the beginning of a reestablishment of attachment hierarchy in the family. The alienated parent needs to demonstrate to the child a great deal of sensitivity and respect, avoiding arguments over truth, and relying on joint parental authority. Both parents need to demonstrate to the child that they can talk to each other, respect each other, avoid conflict, and get back in charge of the family. After initially preparing the parents in individual sessions, most of this work is done in joint sessions. The crucial element in the joint sessions is to help each parent become confident that the other will do his or her part. What is then left is for them, with the help of the therapist, to deal with the child's reactions. When the parents are ready, involving the child in these sessions can also be helpful.

This process all sounds good and sometimes works. But often parental attitudes are too entrenched, hatred too intense, or the child just cannot and will not cooperate. Sometimes the court needs to order the treatment. Securing the sincere participation of both parents in such circumstances is difficult. Often, everyone wishes we could just treat the child and make the problem go away.

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**Clinical Psychologist, Calgary, AB.**

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**However, treating the child usually does not work.** Asking the child to solve or cope with the problem is not the preferred approach. It is not reasonable to expect the child to solve the problem. After all, the symptom itself already represents the child's solution to a problem that he or she could not cope with and could not solve in any other way. It is not reasonable to ask the child's mind to give up this solution without any attempt by the parents to lessen the conditions (parental conflict) that caused it. Furthermore, alienation is a denial based symptom. The child's mind denies attachment to one parent by forgetting all good experiences and amplifying negative experiences. In doing so, the child's mind causes the child to say and do things that are contrary to the child's actual loving nature. The child would be in danger of overwhelming guilt and shame if the denial were to suddenly collapse. All denial symptoms work this way.

In general, the most difficult part of the treatment is getting the commitment and understanding of the favored parent. This requires the favored parent to see past and rise above the complaints of the child, her own entrenched beliefs about the other parent, and even sometimes her own view of the family history. She needs to realize that allowing her child to choose to reject one parent is equivalent to her being in the position of choosing to reject one of her children. She needs to understand and believe the symptomatic nature of her child's reaction—it is not really a choice and must not be framed as one. If she cannot do this, she may need the help (authority) of the court. (*This issue, as well as the issue of the child's choice, are discussed in other papers.*)

Usually, the rejected parent is desperate and will be able to reframe his view of the problem and comply with the therapist's directions. He (it is usually the father) needs to banish the idea that his child is brainwashed or that the problem is totally caused by the mother. He needs to realize that he cannot reach or reconnect with his child in this frame of reference. After all, every adolescent knows one thing for sure: "My ideas and feelings and opinions are my own: I am nobody's puppet, and I am insulted if you think I am." The alienated parent needs to appreciate the symptomatic (non-volitional) nature of the child's reaction and to do all in his power to adopt a helpful and patient approach. He needs to realize and to accept that, at first, he cannot win. No matter what he says or does, the child cannot and will not see it as positive. The child's mind cannot allow itself any conscious experience of positive attachment to him. The child's mind fears that any such opening will result in returning to the intolerable stress of being caught in the middle of a war between two

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important attachment figures. Almost anything the split-off parent does, whether positive or combative, will be seen and used negatively by the child's mind. This is why the only real solution is to show and convince the child that the war has ended, that his or her two attachment figures (mother and father) respect each other, and that parental authority has returned.

If the alienated parent cannot do his part, which in my experience is rare, about all the court can do is cause the access to be supervised.

Often, for both parents the issues of truth and justice are very important and very intense. I often tell parents this: "I cannot get you truth, I cannot get you justice, and I cannot get you satisfaction; but if you work with me on this, I may be able to get you your child. You will have to make your choice." Getting the parents to give up the notion of truth, in favor of the notion of two different realities, is a difficult part of the treatment. I keep reminding them that the "**arguments over truth**" along with blaming are the principal aspects of the parental conflict that cause the alienation/denial-of-attachment reaction. It is these attitudes that cause the child's situation to become both a cognitive and emotional problem. Such arguments and attitudes also cause the breakdown of parental authority and attachment hierarchy in the family, thus excessively empowering the child.

Once we can assure and show the child that the parental conflict is lessened and parental authority has returned, along with some level of cooperation to help the child, we can proceed to work also with the child. However, it should be emphasized that access to the split-off parent is the most important part of the treatment, not sessions with the child, or even sessions with the parent and child. In fact, the more we can just remedy the parental conflict and let the alienation reaction sort of evaporate in the context of required access and reestablished parental control, the better. Adolescent children with this reaction do not seem to benefit from any attempted insight into the internal causes of their reaction. This approach is foreign to them, and the denial is too entrenched.

If the only access that can occur initially is in the therapist's office, then sessions can be useful just because they are access. During such sessions, it is usually best not to acknowledge the obvious attachment that occurs. It is better just to let it happen. The elicitation of good memories in the past can also be useful. In this context of lightness and nothing

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serious, some issues of misunderstanding between the parent and child can also be discussed. Family sessions, if and only if, the parents are adequately prepared and capable, can be very useful. Unfortunately, this is often not possible.

In cases where the favored parent is not on board with the project of reunification, sessions between the child and the alienated parent can be particularly challenging. If the favored parent is the one who brings the child to the session, or if the child will return to that parent immediately after the session, the child is then in the position of trying to transfer or switch worlds twice in a short period of time. In such a session, the therapist can easily observe the child's initial difficulty and resistance to the alienated parent. This is followed by some softening as the session progresses. Then, shortly before the end of the session, the child begins to shut off, harden, and alienate/split, in preparation for returning to the other parent.

In such cases, longer blocks of access time are preferable, with transfers effected by third parties. Sessions would be most beneficial after the transition has been made. What we are actually trying to do is help the child's alienation/denial-of-attachment symptom by returning to some switching and a divided life. A divided life, while not the best and usually not desirable, is still better than losing a parent to alienation.

There are of course personality issues in all family members. Whatever these are, and much has been written about this, the overwhelming focus of both parents is on the problem with the child. Neither parent is really very motivated to look at, let alone deal with, his or her personality problems. The only thing we really have to work with is each parent's love for and concern about the child. This is why I have focused on this aspect of the problem. By focusing on the child and the child's plight, we work with the only thing the parents have in common and care about. If we can succeed in helping the family to become a more functional divorced family, then each parent can go on in life and deal with (or not) his or her own personal issues.

**When treatment fails:**

Sadly, all too often treatment does not succeed for several reasons: the conflict is too entrenched and intense, the cooperation of the favored parent cannot be secured, authority and parental control cannot be restored to the family, and the legal system is unable or unwilling to

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**Clinical Psychologist, Calgary, AB.**

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intervene effectively. When this happens, the family drama evolves in such a way that the underlying nature of the problem (alienation reaction) is clearly revealed.

First of all, the breakdown of adult authority and structure becomes dramatically visible. The child feels and becomes more and more powerful. The child says things and does things no normal child would dream of. The child and the favored parent develop the attitude that no one can tell them what to do. The favored parent does not accept court orders or treatment recommendations. The child begins to challenge all authority. The child's interpersonal relationships (attachments) sooner or later are compromised. In other words, it can be seen clearly that part of the alienation problem has to do with a breakdown in hierarchy and authority in the family that is due to adult conflict.

The reaction of the refused parent, on the other hand, demonstrates clearly, and tragically, the principal element in the alienation reaction—intolerable attachment stress. In order to understand this, I need to acquaint you with the **mirror principle**.

The **mirror principle** says that as you try unsuccessfully to help someone you are very attached to, you yourself will come to feel and experience the real problem and real emotional issues going on inside that person. For example, parents who try unsuccessfully to help a child with a persistent resistance to school work may begin to feel powerless and incompetent, a failure no matter what they try, and tempted to just give up. They may even begin not to care anymore, because it is so painful to keep caring and trying, and still not succeed. The mirror principle says that these feelings and reactions are an accurate reflection of what is really being felt by the child. But the child cannot process this cognitively or verbally. The parents can verbalize these feelings, and in so doing help the child to know, to think about, and to talk about similar feelings. With this contact, achieved through awareness of the mirror principle, the parents and child can proceed to find successful solutions to the schoolwork problem.

**As treatment of the alienation problem fails**, the rejected parent experiences more and more pain. The parent begins to feel, and to tell the therapist, that attachment pain is too great. He says things like, "I cannot stand it anymore. It is too painful and too stressful to go on trying to love when no matter what I do results in conflict. No matter what I try, it is wrong and offensive in some way. I need to give up. I need to pretend I do



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not have children. I need to shut off my caring before it kills me or drives me crazy.” You will notice that these sentiments are a remarkable reflection of the attachment pain that I have postulated as the principal cause of the splitting/alienation reaction in the child. (In the story-poem titled *An Anguished Father* there is a clear portrayal of this process.)

As a therapist, I relate to this sad and tragic outcome in two ways. First, I explain the **mirror principle** and help the distressed parent to see that his feelings are now reflecting the heart of his child’s problem. I suggest that before actually giving up, he should communicate these feelings and sentiments to the family in some way. The hope is that the family will become aware of what is really happening, like looking in a mirror. It is like the Gandhi or Jesus approach—showing “those who know not what they do” the real consequences of what is happening. It is hoped that this announcement might instill some compassion, or at least some fear in the family. It is almost always the stronger and more adequate parent that gets alienated, and there is a way in which the symptom assumes and depends on the durability of this parent. As it becomes evident to the family that this parent is being crushed, some uneasiness may occur, while at the same time the mirror principle is making known the real nature of the problem. Also, it is important that the anguished parent not succumb to denial-of-attachment but rather keep faith in the indestructible love in his heart and the child’s. Hope will help keep such faith alive, while he goes on protecting the indestructible love in his heart. (See *An Anguished Father*.)

Unfortunately, it is the nature of the alienation reaction that any strategy or intervention by the rejected parent will almost certainly be perceived negatively by the child. Whether the parent fights or gives up, the child’s mind will probably use it to fuel denial and rejection. Thus, I do not recommend talking about giving up as a strategy, but only as a way of adding an important and true element to the family experience.

The second way I relate to this tragic outcome is by trying to help the rejected parent personally. The distressed parent is in danger of rejecting his children, or at least forming a strong defensive detachment from them. While this would reduce his suffering in the short term, it would eventually represent a betrayal of a very deep and important part of himself—his parenthood and bond with his children. I try to find out if he knows and admires any models or heroes who have suffered similarly—perhaps Nelson Mandela, Gandhi, Jesus, holocaust survivors—people who have held their center, kept their own truth, and continued loving, in the face of

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rejection, torture, betrayal, and condemnation. I try to help these parents become aware that keeping faith in the reality of their love and their parental bond, even in the face of rejection and powerlessness, has been shown to accomplish beautiful things in the long run. Unfortunately, it often entails enduring great suffering and misunderstanding, even condemnation and betrayal. In short, I try to help them have faith in their love and parental bond; in the belief that this reality transcends the current situation. Even though they may need to give up the fight and accept the alienation for now, they still can honor what they know is real and indestructible in their own hearts. They must not succumb to denial-of-attachment. They must keep faith and hope and love alive,

Faith in invisible love, even in the face of unspeakable pain and felt powerlessness, is in fact the most potent force we are capable of. In times like this, it is all we can hang onto, as we cling to hope.

**The dilemma of using strong authority to counter radical resistance:**

In cases where conflict is very entrenched and the resistance of the child and the favored parent is exceptionally strong, the court is often asked to intervene in an increasingly authoritarian manner. Courts seem increasingly ready and willing to intervene strongly. I think this is a good trend, because one element of the problem stems from the over-empowerment of the adolescent child due to authority breakdown in the parental world. Also, the judge represents someone other than the child who is making the decision, countering the notion of the child's choice. The question becomes how far to go with court-based authority, in the face of radical resistance by the child(ren) and the favored parent.

By “**radical resistance**” I mean situations like the following. The Court orders access, complete with detailed instructions for police enforcement if necessary, and with clear sanctions for non-compliance. The Court might even order the children to live with the rejected parent for a specified time, with no access to the favored parent during that time. The children react by treating the alienated parent horribly, giving no cooperation, expressing constant anger and resentment, threatening drastic actions, and the like. The children often run repeatedly, even in the face of strong police intervention. The children continue incessant complaints about the alienated parent, and the favored parent continues to be convinced that the children are reacting to poor parenting. Such beliefs are hardened as the nightmare of children running and police involvement unfolds. The favored parent tries to comply with the order, but believes deeply that the

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children are being subjected to poor parenting and to an absolutely untenable process. The alienated parent continues to believe that the children's behavior is driven by the support of the favored parent. In the end, the children tell the police (or Social Services) that they would rather accept the sanction of going to a foster home than comply with access or live with the refused parent. The favored parent might also elect to go to jail rather than continue the nightmare. Now what do we, the Court and the mental health world? What do we counsel each parent to do?

I do not have clear answers to this dilemma. So far, I have dealt with such situations on a case by case basis, taking into account the particular personalities and dynamics in each family. In what follows, I will share my thinking about some of the issues.

First, I always keep in mind that the splitting/alienation reaction is first and foremost an internal psychological solution to a problem—the impossibility of maintaining a felt attachment to parents who are in serious and protracted conflict, marked by blaming and intense arguments over truth. Thus, unless this parental atmosphere is improved in some way, it is not reasonable to expect the child's mind to abandon the reaction and open itself to feeling attachment to both parents. We must also remember that the child's alienation reaction is a denial based symptom. Great guilt and pain await the child when this denial collapses.

Strong resistance is to be expected. Therefore, in cases of radical resistance in the face of strong external authority, I tend to favor any parental or family compromise that will afford at least some access to the refused parent. Keeping the attachment window open seems to me to be crucial, even if access is less than appropriate. If increased authoritarian intervention leads to increased access and some softening in the child or children, then I support it. If it leads to decreased access and hardening, then I tend to favor some compromise that will at least preserve some reliable access.

A second dilemma arises from the very nature of children and their innate attachment processes. The problem as presented to our authority (court) system is that a family's divorce conflict has resulted in a child or children being deprived of the benefit of one parent. It is in the best interests of children to continue to experience the benefit of two parents after a divorce. If a family cannot achieve this outcome on its own, the Court is then asked to intervene in the interests of the child. The Court's objective

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**Clinical Psychologist, Calgary, AB.**

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is a two-parent solution. But the very child the Court wants to help is built by nature in such a way that trying to maintain a felt attachment, (on which all beneficial parenting depends), in a toxic atmosphere is intolerably stressful and painful. This is why the splitting reaction occurs and persists. The Court, however, is powerless to affect this parental atmosphere. In fact, the very processes on which the Court depends tend to increase, not decrease, the problem—parental conflict and animosity. What the Court can do is dictate and enforce where the child is going to spend time. It can order treatment for parental conflict, but neither the Court nor the therapist can enforce a favorable outcome.

This then is the dilemma. The Court can reverse the problem. Courts seem increasingly willing to try this approach. The child can be placed in the care of the refused parent, and access to the favored can be eliminated or controlled. But this by itself does not achieve a two-parent solution. It just reverses the problem.

**To achieve a workable and beneficial two-parent solution, two more things are necessary**, in addition to reversing the living arrangement. The Court's ability to achieve these two things is limited, because both things depend on processes that are outside the Court's sphere, are expensive, and are at an early stage of development with uncertain outcomes.

**The first**, of course, is to achieve some decrease in parental conflict and arguments over truth. Many professionals are doing good and dedicated work in this area. They are successful in many cases. But there is something extraordinarily powerful going on in high conflict divorcing families where an alienation reaction takes root. There is some key that is missing. There is something that defeats the best interventions and strategies that work with other intense conflicts. With other intense conflicts, the therapist depends on the parent's love for the children, along with insight into the children's suffering, to help the parents rise above their own issues in favor of helping the child.

With the alienation problem, this often does not work. I do not know what the key is, but it seems to have to do with three factors. The child's pain is not obvious but hidden. The child is very empowered and parental authority too weak. Finally, there is some way that the child has entered the parental attachment breakdown (marriage failure) that fuels extraordinary conflict and blindness. I can't help but think that maybe the

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**Clinical Psychologist, Calgary, AB.**

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process of denial is at the heart of it. The parents' minds are deeply entrenched in pretending the other is totally bad and to blame. The child's mind is equally entrenched in pretending one parent is bad. Maybe this pretending is the way all three minds are denying the real pain and devastation of the divorce. Maybe all three are so deeply entrenched because each would experience devastating guilt, regret, or sorrow if the denial collapsed. Maybe this is why it seems almost like a religious war. It is like something sacred—something crucial to identity, or to culture, or to survival—has been threatened. Whatever it is, some lessening of conflict, along with some other way of processing the pain in the family, are necessary if a two-parent solution is to be achieved. The processes for achieving this remain elusive.

**The second thing necessary to achieve a two-parent solution** is for the child's mind to find some other workable solution, some solution other than the denial of attachment to one parent. This is a tall order because it is asking the child's mind to stop being a child. It is asking the child's mind to find more grown up, more complicated, and more conscious ways of dealing with an attachment environment it was not designed for. We can expect resistance, for it is indeed asking a child to do what most adults cannot do—live between and fit in with warring managers, or constituencies, or nations, or religions. In addition to this innate difficulty, the child does not feel any discomfort or problem. This is characteristic of all denial-based symptoms: the patient is not aware of a problem, and so lacks motivation to deal with it.

**Handicap theme:**

In essence, therefore, in trying to help the child find a new solution for living beneficially in an unnatural and toxic environment, we will be approaching the child as if he or she had a **handicap**. The child could have become handicapped in any number of ways. The child could have gotten diabetes, or been injured in an auto accident. The child would then need to learn, with great difficulty and initial resistance, how to manage and live beneficially with the new set of circumstances. The alienated child has been handicapped in a train wreck called high conflict divorce. The child will need to learn new and unnatural (for a child) ways of coping and managing, much like a diabetic child needs to learn and accept unusual dietary requirements. This is sad and difficult to accept, not to mention difficult to learn. But it is the child's lot in life. We cannot take away the diabetes, just as in such cases we cannot take away the toxic

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**Clinical Psychologist, Calgary, AB.**

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parental environment, (except, of course, by creating another handicap—the loss of one parent).

What we can do is help and even require the child to accept the handicap, and then help the child to learn how to cope with it in some way. In the case of diabetes, we would teach the child how to manage the handicap in ways that protect current functioning, as well as mitigate the long term health consequences of the handicap. We would need to use adult authority to help the child accept the handicap and overcome natural resistance. In helping a child that is handicapped by the splitting/denial-of-attachment reaction, our task is very much the same, if we are unable to change the toxic environment that is causing it. As with diabetes, serious injury, or other handicapping situation, we are asking a child to leave the carefree innocence of childhood and proceed to more grown-up things, more difficult things, more complex things because of what has befallen the child. The divorce itself was a tsunami that abruptly ended the carefree innocence of childhood. We should not underestimate the predicament of the child: resistance is to be expected.

A child that did learn how to manage beneficially a family world marked by conflict and very different beliefs would grow up with extraordinary talents to deal with our complicated global world. The child would need to learn extraordinary (especially for an adolescent) tolerance, patience, self-definition, and avoidance of other people's (parents') problems. I am aware of one program that is attempting to help alienated children develop the skills necessary to live in their toxic family environment. This is the Family Bridges Program created by Dr. Richard Warshak. (<http://www.warshak.com/services/family-bridges.html>).

*“Our program teaches children how to stay out of the middle of adult conflicts, and how to maintain a compassionate view toward each parent. We teach children to think critically. When children learn how to see a problem from different perspectives they usually begin to heal their relationship without having to acknowledge that they had been treating the parent with contempt and without having to apologize for it. They begin relating in a more positive way.”*

While I have no personal experience with this program, the overall strategy seems to be fourfold. First, the child is removed from the favored parent and put in the care of the alienated parent, with no exposure to the favored parent. Two things need to happen during this period of time:

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**Clinical Psychologist, Calgary, AB.**

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reopen the felt attachment between the children and the alienated parent; and teach the children to deal with the stressful and toxic parental atmosphere in better ways than splitting/alienation. Finally, it is hoped that the children, now having a repaired relationship with the alienated parent as well as new coping skills, can proceed to having a functional relationship with both parents.

This strategy makes sense to me. The Warshak program reports some successes. In some cases I have dealt with, it has proved impossible to overcome the radical resistance of the child and achieve a reopening of a functional relationship with the alienated parent. It may be that I could not offer a sufficiently isolated and intensive intervention, and/or the removal from the favored parent was not complete enough or long enough.

**Mother Alienation:** I do not know if this is significant or not, but four of the five cases involving radical resistance that I have been involved with in the last two years were families where the mother was the alienated parent. If this is significant, and if alienation is indeed a denial-based symptom, the following explanation occurs to me. It may be that human nature recoils most strongly from betraying or rejecting attachment to mother, since this attachment is primary and most crucial for survival. If such an attachment is denied through processes involving condemnation and rejection, the collapse of mother denial may be the most devastating to the adolescent's mind and ego. Perhaps in all cases of radical resistance, we should assume that the strength of the resistance is proportional to the amount of dissonance or pain that the mind fears would accompany a collapse of the denial.

**Dr. Gary J. Kneier, Ph.D., R.Psych.**

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