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**The Dangers of Choice in Alienation/Splitting/Denial-of-Attachment Reactions**  
**For Children in High-Conflict Divorced Families**

I have argued that in treating alienation reactions in children (usually adolescents) we should remove choice about access from them. This was based on the notion that the alienation is a **symptomatic reaction**: i.e., that it occurred without real choice. It happened to the child, as an originally unconscious reaction to the intolerable stress of parental conflict. It was the child's reaction to love, decency, respect, and authority having gone totally awry in the family. Thus, any solution must not rely on choice, but rather on remedying the conditions that produced the reaction. In fact, I have gone further and said that even implying choice—either as the origin of the alienation or as the solution—runs grave risks to the emotional development of the child. The following discusses my reasons for this.

Any challenge to adolescents' alienation reactions, as well as any sense of lessened control over their lives, is stressful and resisted. There are those who argue that we should not put children through this. In clinical terms, this argument relies on the fact that the alienation/denial-of-attachment reaction, like most psychological symptoms, represents a solution to a very difficult trauma or dilemma; namely, the stress and trauma of a very conflicted divorce and extremely polarized parental realities, where love, respect, and authority have vanished. The solution works: the children escape their bind; their world is simplified; and they are happier and often more successful. The symptom is maintained, as necessary, by demonizing the alienated parent and by adopting the reality of the favored parent. And so, it is argued, why not let it be: wait for the child to decide to see the parent, and try to comfort the alienated parent that accepting the agonizing loss of his or her child(ren) is at least allowing them less stressful, and maybe more successful, adolescent lives.

While sometimes resorting to this argument is all that can be done, I have deep human and philosophical problems with it. While the alienation reaction does solve some huge problems, it does so, (if it is a choice), through a process of betraying a bond and rejecting a parent. Not only that, the need for this betrayal arises out of war-like conflict in the family,

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serious distortions, demonization, and even hatred. We all know about the effects of such processes in other areas, and they are not good.

We know the agony, guilt and turmoil that remain in the human psyche from such processes in their most dramatic form. For example, in wars (where each side demonizes the other), victims are often stressed (tortured) into betraying loved ones. Those who do betray, in order to stop the pain, are left with agonizing issues to deal with after they survive. Their torment can be helped, especially if they are young or impressionable, by developing a belief that the betrayed loved one was actually not good or loveable to begin with. Demonizing the loved one, and adopting the position and arguments of that side of the war, will help keep torment and guilt away. But I fear the scar remains like a cancer in the soul. It is a solution born of pain, in the context of denial, distortion, demonization, and hatred. No amount of keeping guilt at bay by demonizing the betrayed one will make this healthy or good. Demonization, after all, is really denial of attachment accomplished by pretending the loved one is totally bad. And denial, while reducing present pain, eventually collapses in the face of reality. Then pain is even more devastating and disturbing.

Another analogy, closer to home, also occurs to me. Imagine if a parent had two children and was forced by the authorities to choose one and reject the other. The Nazis actually did this to parents entering the camps with two children. No subsequent rationalization would ever effectively relieve that parent of the agony and torment about the betrayed child. Or, imagine a parent with two children who hated each other, were in constant conflict, continually put the parent in a bind, and made family life a stressful, crazy-making nightmare, with no love or respect. Then, in desperation, the parent decides that one child must go. The parent would choose the child he or she felt was most able to withstand the betrayal and rejection. It would probably be the bigger and stronger child. Subsequently, no amount of blaming and even demonizing that child would successfully resolve the inner agony of that parent.

Since I see children as human persons, and since I believe that parent-child relationships are reciprocal and symmetrical, I have great misgivings about the long-term effects of alienation reactions, especially if they are perceived to be a matter of choice. There is recent research confirming long-term detrimental effects of the alienation reaction. This is not surprising. I have seen in my own practice adults scarred by such processes in their childhoods.

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For those who entertain doubts about my take on this, we could look at the problem another way—as a matter of risk management, or choosing the safest course of action. If we require access to the alienated parent, and it is in fact wrong to assume long-term inner problems as a consequence of the alienation/denial-of-attachment/splitting reaction, what do we risk for the children? We risk putting them unnecessarily through a stressful process they do not like, along with some inconveniences and hassles they would prefer to avoid. This is not a very big risk. The adult and parental world does this routinely to children, with no significant long-term adverse effects. We require school attendance, medical tests, curfews, safety precautions that seem absurd to teenagers, and any number of other hassles and responsibilities. Adolescents seem equal to this and are not harmed by it, even though they may protest vehemently. And we must not forget that viable and felt relationships with both a father and a mother are certainly as important as education and medical treatment for children's successful development.

If, on the other hand, I am right, and my analogies do in fact apply, then we are risking very great damage indeed by permitting or supporting the alienation and refusal of access as a matter of the child's choice. Clearly, the safest and less risky course is to be sure that we do not expose children to such great long-term dangers. We forbid children alcohol and tobacco, in spite of their protest and insistence that these do no harm, precisely because we know the potential dangers. We cannot say for sure that their health or adjustment will be damaged, but we know that it is risky enough to warrant action in spite of their protests.

I have written the above in the hope that it will be helpful to those who are called upon to deal with alienation/denial-of-attachment problems. Therapists and child advocates often need to decide whether it is best to require and enforce a very difficult and stressful course of action for such children, or whether to wait for the children to choose access, or whether to allow their alienation/splitting reaction to proceed to a termination of their relationship with one parent, usually their father.

The question, really, is one of cost vs. benefit. If we require access, the cost side contains the obvious inconvenience, stress, very difficult work in the face of strong resistance, and sometimes instituting a very divided life. The benefit is both in the present and in the long term. Maintained contact, against the child's apparent choice, not only preserves an important

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parental relationship; it also hopefully prevents the long-term consequences of allowing denial, betrayal and rejection to take root. It is reasonable to suspect that the detrimental long-term consequences are probably proportional to the degree of denial, achieved through distortion, demonization and hatred, that gave rise to and maintained the alienation. There is a wealth of data about the risks to children of not having an involved and beneficial relationship with either a father or a mother. Therapists and child advocates will need to weigh these issues.

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